		Fill your 12 digit UAN below
Cell#	UAN:	
Rean No		

## Employees' Provident Fund Scheme, 1952 Form-19

(Refe	r to instruction) Name of the members in Block Letters		orm-19	•					
2.	Father's Name or (husband's Name in the case of married woman)								
3.	Name & Address of the Factory/Establi in which the member was employed.	shmer	nt						
4.	Account No.:DL.			1					
5.	Date of leaving service								
6.	Reason for leaving service								
7.	Full Postal Address (in Block Address)			Shri/Smt./Kum					
8.	Mode of remittance		Pu	It a tick ( $\sqrt{}$ ) in the box against the one opted					
(a) B	y Postal Money Order at my cost.	(	)	To the address given against item No. 7					
D A	y account payee cheque sent irect for credit to my S.B. /c (Scheduled Bank/P.O.) nder intimation to me.	(	)	S.B. Account No  Name of the Branch  Branch  Full address of the branch					
	(Advance S	Stampe	ed Rece	eipt furnished)					
Certifi	ed that the particulars are true to the best	of my	knowle	edge.					
Date of	of joining of Establishment								
Date o	of Birth								

Contribution for the Current Financial Year.

	Continuati			1		1		1				ı			
	Month			Contribu	ıtion	Period of break if any		Month			Contribution		Period of break if any		
Month	Wages	Employee		Employers		Total				Employee		Employers		Total	
		EPF	FP	EPF	FP	EPF	FP	Month	Wages	EPF	FP	EPF	FP	EPF	FP

	on to be furnished by the Employer if the Claim Form is that the above contributions have been included in		ittances.
	cant has signed/Thumb impressed before me.		
Date	Signature of L	.eft/Right hand thumb impre	ession of the member
_	ion & Seal		
Encl.			
Declaration	on of non-employment		
Note:-	In the case of submission of application for settlemed clause (b) of sub-paragraph (2) of paragraph 69 of submitted after two months from the date of leaver remain unemployed in an establishment to which the	f the EPF Scheme, 1952, ring service provided the i	the claim should be
Date	Signature or Left / Right	t hand thumb impression of	the member
	ADVANCE STAMPED RECEIPT (To be furnis	shed only in case of 8 (b) at	oove)
Regional	d a sum of Rs(RupeesProvident Fund Commissioner / Officer-in-Charge of the in my Savings Bank account towards the settlement	of Sub-Accounts Office	
T	The space should be left blank which shall be filled by Regional Provident Fund Commissioner/Officer in-Charge of S.A.O.		Affix 1/- Rupee Revenue Stamp
	Signature orL	eft / Right hand thumb impr	ession of the membe
	(For the use of Commission	oner's Office)	
	ed in part/Full Entered in F. 21-A/24/219 & withdrawal Clerk	•	Supervisor
	Clerk M.O./Cheque		·
	No passed for pa		
M.O. Con	nmission (if any) AOC/APFC		
Net Amou	unt to be paid by M.0Date		
	(For use in Cash Se	ection)	
Paid by	inclusion in Cheque Noh Book (Bank) Account No.3 Debit Item No	date	
HC			AC / RC
			,