

(To be retained by Employer for future reference)

**THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)  
&  
THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)**

1) NAME (TITLE)

(PLEASE TICK)

[illegible]

D	D	M	M	Y	Y	Y	Y

MR.

[illegible]

FATHER

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MALE

## TRANSGENDER

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[illegible][illegible]

(PLEASE TICK)

No

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995 ?

(PLEASE TICK)

YES

No

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS

AT (10,11&12):

#### A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN OR

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PREVIOUS PF  
MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR  
PREVIOUS MEMBER ID  
(DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:

(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:

#### B. OTHER DETAILS

13) INTERNATION WORKER  
(PLEASE TICK)

YES	No

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick):

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER

13(B) PASSPORT VALID  
FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL  
QUALIFICATION  
(PLEASE TICK)

ILLITERATE	NON- MATIC	MATIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL

15) MARITAL STATUS  
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/WIDOWER	DIVORCEE

16) SPECIALLY

YES	NO	IF YES, TICK THE CATEGORY
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ABLED  
(PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING

17) KYC  
DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARK, IF ANY
BANK ACCOUNT-1*			
NPR/AADHAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			
DRIVING LICENCE			
ELECTION CARD			
RATION CARD			
ESIC CARD			

**\* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.**

C. UNDERTAKINGS

A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,

(I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.

(II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM

THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE

ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT

EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).

(III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE:

PLACE:

SIGNATURE OF MEMBER:

DECLARATION BY PRESENT EMPLOYER

A. THE MEMBER Mr./Ms./Mrs. .... HAS JOINED ON ..... AND HAS BEEN ALLOTTED PF MEMBER ID .....

B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:

- (POST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS .....
- PLEASE TICK THE APPROPRIATE OPTION:

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE

HAVE NOT BEEN UPLOADED

HAVE BEEN UPLOADED BUT NOT APPROVED

HAVE BEEN UPLOADED AND APPROVED WITH DSC

C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:

- THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
- PLEASE TICK THE APPROPRIATE OPTION:-

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED

WITH DIGITAL

SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.  
AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS  
BEEN INFORMED TO FILE  
PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS  
ESTABLISHMENT.

**DATE:**

**SIGNATURE OF MEMBER:**