

Joint Declaration Form by Member and Employer Date:

To:

The Regional P F Commissioner,

Sub: Joint declaration by the member and the employer

Respected Sir,

I..... having UAN..... PF account.....and Aadhaar..... is/ was with establishment M/S..... The personal details furnished to EPFO earlier were found to be incorrect /blank, and therefore request for change/updation in the member profile as follows.

| S. No. | Details/ particulars | Incorrect details | Correct details |
|--------|----------------------|-------------------|-----------------|
| 1 | Aadhaar | | |
| 2 | Name | | |
| 3 | DOB | | |
| 4 | Gender | | |
| 5 | Father/ Mother Name | | |
| 6 | Relationship | | |
| 7 | DOJ | | |
| 8 | DOL | | |
| 9 | Reason of leaving | | |
| 10 | Marital Status | | |
| 11 | Nationality | | |

I.....s/o....., authorized signatory of the establishment, have verified the request, document attached and the records of the establishment and certify that the facts mentioned above are correct. I am also enclosing..... and (documents of Establishment) in support of the request of the employee mentioned above.

We(Employee) and (Authorized Signatory) hereby declare we have not concealed any facts and the above- mentioned facts are correct. We also indemnify that in case of wrong payment/ over payment /under payment because of the above furnished information shall be jointly held responsible.

Authorized signatory

Signature of the member



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3. For questions, contact us at hr@ttsbusinessservices.com.