



# Joining Booklet

## Instructions for the Candidate

- All the fields are “MANDATORY”.
- Joining cum Entitlement Data Form is a master document; you are required to fill in all the fields in this form. Once you complete the fields, the common field data will automatically get populated in other forms as well
- All unique fields such as Nomination Details, Nomination Percentage etc. has to be filled in each form.
- Sign all documents at all appropriate places and send the soft copy to [sindhu.sunil@micrfocus.com](mailto:sindhu.sunil@micrfocus.com)



### JOINING CUM ENTITLEMENT DATA FORM

<b>Personal Information:</b>	<b>Note: All fields are mandatory</b>
Name - (First / Middle / Last):	
Date of Joining:	
Date of Birth:	
Father's Name:	
Gender:	
Aadhar:	PAN No:

<b>Present Home Address:</b>	<b>Permanent Home Address:</b>
Phone No.(Mobile):	Phone No. (Mobile):
Phone No.(Res):	Phone No. (Res):
E-mail address:	NSR No.:

#### Emergency Contacts-

<b>Name:</b>	<b>Name:</b>
Address	Address
Phone No.(Mobile):	Phone No.(Mobile):
Phone No.(Res):	Phone No.(Res):
Other Methods of contact:	Other methods of contact :
Relationship to employee:	Relationship to employee:

I, the undersigned, hereby certify and confirm that the information provided above are true to the best of my knowledge and have reported to work on the above date.

Place:

Date:

(Signature of Employee)

For HR Use only-

Employee No allotted: \_\_\_\_\_



## LIFE INSURANCE ENROLLMENT FORM

### Member Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

#### Nominee Details

(If more than One Nominee is there please use the Back of the page to record the same)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship with the Life Assured: \_\_\_\_\_

Percentage of Sum Assured: \_\_\_\_\_ %

Is the Nominee a Minor?

If Nominee is a Minor please give details about the

Guardian: Name

I confirm that I am of reasonable sound health.

YES ☐ NO ☐

I agree to provide proof of age if required by the Insurer.

YES ☐ NO ☐



### Declaration of the Member

I declare that all the information given by me in this application is true and I have not withheld any material fact, which is within my knowledge. I consent to Max Life Insurance Co. Ltd (the "insurer") seeking medical information from any doctor who has attended me at any time concerning my mental or physical health or seeking information from the Company / Group above named for verification of these details given above and I authorize the giving of such information or any changes in the same.

I agree and confirm that these statements and this declaration are the basis of the contract between the insurer and the Company / Group. If any untrue statements are contained herein or there has been any non-disclosure of any material fact, the Policy to be issued by the Insurer in the name of the Company / Group may be treated as void as far as I am concerned.

I confirm that I have read and understood, the Rules of the Group Term Insurance Scheme and the Standard Policy Provisions that govern the Policy to be issued by the Insurer in the name of the Company / Group and on my life, and I agree and confirm that the same shall be binding on me.

I authorize the Company / Group to disclose to the Insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my behalf / collected from me to the Insurer, to file claims on behalf of my nominee/s, to receive and give valid discharge for the amounts paid by the Insurer to the Company / Group on behalf of my nominee/s towards Claim and to distribute the amounts received by the Company / Group to my nominee/s.

Place :

Date :

(Signature of Member)

### In case the life to be insured is an illiterate:

His/her thumb impression should be attested by a person of standing whose identity can be easily established, but unconnected with the Insurer and this declaration should be made by him.

'I hereby declare that I have explained the contents of this form to the life to be insured in language and that the life to be insured has fixed the thumb impression above after fully understanding the contents thereof.'

Name and address of the declarant

Signature

### Prohibition of Rebates

Section 41 of the insurance act, 1938 states:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Additional Nominee (If any)



**General Nomination Form**

I, Mr./Ms \_\_\_\_\_ S/D/H of Mr./Ms \_\_\_\_\_ Working with Micro Focus.,  
Since \_\_\_\_\_ and residing at \_\_\_\_\_

Do hereby nominate the person(s) mentioned below to receive any dues including unpaid salary, leave encashment, incentives, bonus, insurance benefits, any voluntary contributions from company or it's employee's and final settlements etc., payable to me after my death, be paid to the nominees in the proportion indicated against their name(s) here below.

I also, hereby authorize the Company to make necessary adjustments of dues payable by me in my absence from my final settlement and pay the dues if any pay able to me, to my nominee's as indicated.

Nominee Details				
S.No.	Name & Address of the Nominee (In case of minor indicate Guardian name)	Relationship to the Employee	Age	Share % age of accumulation/dues payable to each nominee
1				
2				
3				
4				
5				
Family means & includes: Spouse, Dependent Children and Parents				

Location:

Date:

Employ Signature:

**Attestation by Witness:**

Name of witness ..... Signature of witness.....

Address .....

**Endorsement by the Employer:**

Certified that the particulars of the above nomination have been verified and recorded in this establishment

Location:

Signature of the Employer/Authorized person

Date:



## **U.S. Export Controls on Technology Transfer: Micro Focus Employee Letter of Assurance**

**Instructions:** If the person you are hiring is NOT a **VTH Restricted Country national**, you must ask the employee to sign the following "Letter of Assurance". If the person you are hiring is a VTH Restricted Country National, follow the instructions in the **VTH Hiring process**.

### **Micro Focus Employee Letter of Assurance**

I acknowledge that during my work for Micro Focus I may, directly or indirectly receive or access software and/or technical data which Micro Focus has classified according to the U.S. Commerce Control List (CCL) as eligible for export under license exemption "Technology and Software Under Restriction" (TSR) to all destinations except those listed below.

I agree not to export or re-export this software and/or technical data or any direct product based on this software or technical data without proper U.S. government authorization to destinations not eligible for exports under license exemption TSR.

According to current U.S export regulations the following countries are not eligible for exports under license exemption TSR. This list is subject to change without notice.

**Armenia  
Azerbaija  
Belarus  
Cambodia  
Cuba  
Georgia  
Iran  
Iraq  
Kazakhstan  
Kyrgyzstan Republic  
Laos  
Libya  
Macao(Macau)  
Moldova  
Mongolian People's Republic  
North Korea  
People's Republic of China (PRC)  
Russia  
North Sudan (Khartoum)  
Syria  
Tajikistan  
Turkmenistan  
Ukraine  
Uzbekistan  
Vietnam**

-----  
Full Name

-----  
Signature

-----  
Date



### **Micro Focus Compliance with Export and Import Regulations**

Because Micro Focus is a U.S.-based international company, our products and services are subject to the export and import laws and regulations of all countries in which we do business. It is Micro Focus's policy to comply with these laws, to actively pursue business opportunities within these rules, or to work within the system to change them. Ultimately we depend on each employee to protect the trading privileges that our company currently enjoys.

Each Micro Focus employee is responsible for complying with U.S. export regulations and other national export laws. Processes must be in place to ensure that Micro Focus does not conduct any business transaction with an unacceptable risk for diversion. Such risks include exporting or re-exporting to an embargoed and sanctioned country, an individual or company on the Government Restricted Parties List, or to a proliferation activity.

It is also the responsibility of each employee to comply with the national import laws of the countries into which Micro Focus imports material. This includes laws administered by U.S. Customs and Border Protection as well as those of other government agencies that regulate imported goods.

#### **Required Computer – based Training**

Each supervisor and manager must ensure that employees understand and comply with export and import regulatory requirements that impact their responsibilities. Micro Focus employees engaged in export or import compliance related activities are required to complete the Export CBT or Customer CBT as appropriate to their specific job functions. Micro Focus managers are expected to identify employees with trade-related job functions and ensure that these employees take the training within three months of assuming their export and/or customs compliance-related job. As a refresher, employees should retake this training at least once every three years. Further information can be obtained by reviewing the Global Trade Export and Customs Training (Minimum Requirements) guidelines. Failure to comply with the export and import laws may result in fines, loss or restriction of export or import privileges, adverse publicity for the company, or termination of employment. Further, intentional violation of these laws may be a criminal offense. Any compliance with the trade laws should be reported promptly to local management and Global Trade.

I, ....., have read and understood the U.S export regulations and other national export laws.

.....  
Signature

Date.....



## **UNDERTAKING ON COMPLIANCE WITH PRIVACY OBLIGATIONS AND SHARING OF INFORMATION**

I acknowledge and fully understand that Micro Focus is committed towards safeguarding the privacy and personal information of all its employees, customers and any other individual that it may be engaged with and that Micro Focus has in place suitable policies towards securing this compliance. I hereby unconditionally confirm to comply with and abide by the requirements of these policies.

I hereby authorize Micro Focus, including its subsidiaries, affiliated companies, officers, directors, managers, shareholders, agents, employees, attorneys, representatives and assignees, and the employees, agents, attorneys, officers and directors of each of them (collectively "Authorized Parties"), and any other third party acting on the Authorized Parties behalf in accordance with local laws, to request and receive information and records concerning me, in either hard copy or electronic formats, which may include, but will not be limited to, identification, criminal history, driving, employment, military, educational records or other information required by Micro Focus's policies or consistent with Micro Focus's regular background screen processes and procedures.

I further acknowledge that any personal or sensitive personal information or data provided by me to the Authorized Parties in the course of my employment at Micro Focus, may be used by Micro Focus for the activities and purposes relating to my employment at Micro Focus. I authorize Micro Focus to transfer such personal or sensitive personal information or data to a third-party in India or abroad to the extent required to enable such third-party to perform employment-related services for Micro Focus.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_





## DECLARATION TO WORK IN SHIFTS

To

The Manager-HR

Micro Focus Software India Private Limited / Micro Focus Software Solutions India Private Limited .,

This is to bring to your notice that I am familiar with the nature of the business of the company and understand that my job might involve working in different shifts, which includes night shifts (from 6:00 PM on the day to 8:00 AM on the next working day).

This was covered to me in the appointment letter whose terms I have read and understood and have agreed to by affixing my signature.

Signature: .....

Name: .....

Date: .....



DECLARATION OF NON- AVAILABILITY OF RELIEIVING DOCUMENT

Employee Name:

To  
The Manager  
Human Resource  
Micro Focus India.

Dear Sir / Madam,

**Sub: Undertaking to furnish a copy of the Relieving letter**

I hereby represent that I have resigned from my previous employer M/S\_\_\_\_\_ and was relieved on \_\_\_\_\_ after clearing my dues/responsibilities. I confirm that I have not received my relieving letter from \_\_\_\_\_ yet, for \_\_\_\_\_ reasons. I hereby undertake to furnish a copy of the Relieving Letter to you immediately upon receipt of the same.

Further I confirm that I was in Employment of \_\_\_\_\_ as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ and I have submitted my resignation letter to \_\_\_\_\_ on \_\_\_\_\_ (Copy Enclosed).

I am not in direct or indirect employment with any other company / organization and I am not bound by any agreement/bond restricting me to undertake any other employment and I am entitled to undertake a full-time employment, as per the terms and conditions of employment dated \_\_\_\_\_ with **Micro Focus**.

Date:

(Signature of Employee)

\_\_\_\_\_

**For HR use only:**

Employee number allotted: \_\_\_\_\_



Corporate Administration & Shared Services – Global Security Group NEW

EMPLOYEE ID & ACCESS CARD ISSUANCE FORM

Date	
Employee ID No	
First Name of the Employee (Capital letters)	
Second name of the Employee (Capital Letters)	
Employment Status	<input type="checkbox"/> Regular
Contract Expiry Date	NA
Service Provider name	NA
Site / Location	
Mobile No.	
Business Unity / Entity	
Reporting Manager Name & Employee ID No.	
Reporting Manager Signature (if applicable)	
Employee Signature	
HR Signature & Employee ID No.	
FOR SECURITY USE ONLY	
Access card No.	
Date of Issuance of ID & Access Card	
Issued by (Name & Sign)	

**Note:**

- ❖ Please furnish all the relevant information asked under various sections.
- ❖ Issuance of ID & Access card would be made time between on all business days.

**Important instructions to the employees-**

- \* I will return my access card/id to security upon PIT or Termination of employment
- \* I will report the loss of my card to security services immediately.
- \* I will not allow any unauthorized person to this site by the use of my card.

## Policy on Photograph for badging

### Photo for your ID:

Your photograph will be kept in the Security repository. It will not be shared with anyone. It is a matter of Security compliance that we have a photo to identify who you are.

Your photo will be used to create your badge. Your Micro Focus badge requires a photograph that adheres to the below policy, and you are required to wear your badge at all times while on Micro Focus property.

### Policy on Photograph for badging

- Size: will be 2 x 2
- Background Plain white (or off-white)
- Appearance: Recent (last 6 months) and current appearance
- Head must be directly facing the camera with full face in view
- No headphones, wireless or similar devices are allowed.
- Religious Clothing is the only exception to the rules on uniforms and head coverings. However, the only permitted clothing is that which you wear on a daily basis as part of your religious observance, such as the hijab worn by some Muslim women or the yarmulke worn by some Jews. If you plan to wear a religious head covering for your photograph, ensure it does not cover your hairline or cast shadows on your face.
- Glasses should only be worn if you wear them every day.
- Smiling is authorized.



**Please Note:** Taking a new photograph is as easy as using a phone camera while standing against a white wall. We use “bust” type photos (similar to a passport photo), not full body shots. Remember to have a white background and we will crop it if necessary.

**The Payment of Gratuity (Central) Rules, 1972**

**Form 'F' (See sub Rule (1) of rule 6)**

**NOMINATION**

To

1. Shri / Shrimati / Kumari .....(Name in full here) whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).
2. I hereby certify that the person(s) mentioned is as/are member(s) of my family within the meaning of my family within the meaning of clause (h) of section 2 of the payment of Gratuity Act 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said Act.
4. (a) My father/mother/parents is/ are not dependent on me  
(b) My husband's father / mother / parents is / are not dependent on my husband.
5. I have excluded my husband from my family by notice dated the..... to the controlling authority in terms of the proviso to clause (h) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

**NOMINEE (S)**

Name in full with address of nominee's	Relationship with employee	Age of the nominee	Proportion by which the gratuity will be shared
1.			
2.			
3.			
4.			
5.			

\*Give here name or description of the establishment with full address.

## The Payment of Gratuity (Central) Rules, 1972

Statement:

1. Name of the employee in full:
2. Gender:
3. Religion:
4. Whether unmarried/ married / widow / widower:
5. Department / branch section where employed:
6. Post held with Ticket or serial no if any:
7. Date of appointment:
8. Permanent address:

Village ..... Thana.....  
Sub-division..... Post office.....  
District..... State..... Pin code.....

Place:

Date: Signature / Thumb-impression of the employee

### Declaration by Witness

Nomination signed / Thumb impressed before me,

Name in full and full address	Signature of witness
1.	1.
2.	2.

Place:

Date:

### Certificate by Employer

Certified that the particular of the above nomination has been verified and recorded in this establishment  
Employers reference No. if any

Signature of the employer / office authorized  
Designation  
Name and address of the establishment of rubber stamp thereof

### Acknowledgement by the employee.

Received the duplicate copy of nomination in form "P" filed by me and duly certified by the employer

Date:

Note: Strike out the words / paragraph not applicable

Signature of the employee  
(EMPLOYER COPY)

**The Payment of Gratuity (Central) Rules, 1972**  
**Form 'F'**  
**(See sub Rule (1) of rule 6)**

**NOMINATION**

To

1. Shri / Shrimati / Kumari .....(Name in full here) whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).
2. I hereby certify that the person(s) mentioned is as/are member(s) of my family within the meaning of my family within the meaning of clause (h) of section 2 of the payment of Gratuity Act 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said Act.
4. (a) My father/mother/parents is / are not dependent on me  
(b) My husband's father / mother / parents is / are not dependent on my husband.
5. I have excluded my husband from my family by notice dated the .....to the Controlling authority in terms of the proviso to clause (h) of section 2 of the said Act
6. Nomination made herein invalidates my previous nomination.

**NOMINEE (S)**

Name in full with address of nominee's	Relationship with employee	Age of the nominee	Proportion by which the gratuity will be shared
1.			
2.			
3.			
4.			
5.			

\*Give here name or description of the establishment with full address.

**The Payment of Gratuity (Central) Rules, 1972**

Statement:

1. Name of the employee in full:
2. Gender:
3. Religion:
4. Whether unmarried/ married / widow / widower:
5. Department / branch section where employed:
6. Post held with Ticket or serial no if any:
7. Date of appointment:
8. Permanent address:

Village ..... Thana.....  
Sub-division..... Post office.....  
District..... State..... Pin code.....

Place:

Date: Signature / Thumb-impression of the employee

**Declaration by Witness**

Nomination signed / Thumb impressed before me,

Name in full and full address of	Signature of witness
1.	1.
2.	2.

Place:

Date:

**Certificate by Employer**

Certified that the particular of the above nomination has been verified and recorded in this establishment

Employers reference No. if any

Signature of the employer / office authorized  
Designation  
Name and address of the establishment of rubber stamp thereof

**Acknowledgement by the employee.**

Received the duplicate copy of nomination in form "F" filed by me and duly certified by the employer

Date:

Note: Strike out the words / paragraph not applicable

Signature of the employee

**(EMPLOYEE COPY)**





(REVISED)

**FORM -2**  
**EMPLOYEES' PROVIDENT FUND ORGANISATION**  
**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme (Paragraph 33 and 61 of the employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1	Name (in Block Letters)		7	Permanent Address
2	Father's / Husband's Name (in case of married women)			Temporary Address
3	Date of Birth			
4	Gender			
5	Marital Status			
6	Account No.			

**PART-A**

I hereby nominate the person (s)/cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death:

Name & Address of Nominee/s	Nominee's Relationship with the member	Date of Birth	Total amount of share of accumulation in Provident Fund to be paid to each nominee	If the nominee is a minor, name relationship and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5

1. Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. Certified that my father/mother is / are dependent upon me.

\*Strike out whichever is not applicable.

**Signature or thumb impression of the subscriber**  
Employee Code:

**PART-B (EPS) PARA 18**

I hereby furnish below particulars of the member of my family who would be eligible to receive widow/ widower/children Pension in event of my death

S.No	Name of the family member	Address	Date of Birth	Relationship with the Member
1	2	3	4	5

\*\*Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particular thereon in the above form.

I hereby nominate the following person for receiving the monthly pension (admissible under para 16 (2) (g) (i) & (ii) the event of my death without leaving any eligible family member for receiving pension.

Name & Address of the nominee	Date of Birth	Relationship with the Member

Date:

\*Strike out whichever is not applicable.

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed /thumb impressed before me by Sri/ Smt / Kumari ..... employee in my establishment after he/she has read the entries/ entries have been read over to him / her by me and got confirmed by him/her.

Signature of the employer / office authorized of the establishment  
Designation **Authorized Signatory**



## Declaration Form

(To be retained by the Employer for future reference)

### THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

### THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

#### DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.

(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME (TITLE)

MR.	MS.	MRS.
-----	-----	------

(PLEASE TICK)

2) DATE OF BIRTH

3) FATHER'S/  
HUSBAND'S  
NAME

Mr.

4) RELATIONSHIP IN RESPECT OF (3) ABOVE

(PLEASE TICK)

FATHER	HUSBAND

5) GENDER

(PLEASE TICK)

MALE	FEMALE	TRANSGENDER

6) MOBILE  
NUMBER (IF  
ANY)

7) EMAIL ID (IF ANY)

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

YES

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 MEMBERID:

**UAN****PREVIOUS PF MEMBER ID**11) DATE OF EXIT FOR PREVIOUS  
MEMBER ID (DD/MM/YYYY)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) INTERNATIONAL  
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(C) PASSPORT VALID FROM

To

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL  
QUALIFICATION  
(PLEASE TICK)

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

15) MARITAL STATUS  
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE

16) SPECIALLY 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	REMARKS, IF ANY
BANK ACCOUNT-1*			
NPR/AADHAAR			
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. UNDERTAKING:

- 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 EMPLOYER WITH SEAL OF ESTABLISHMENT



## **HR CHECKLIST - NEW EMPLOYEES**

**Name:**

### **RETURNABLE DOCUMENTS FROM THE JOINING KIT:**

- ✓ JOINING CUM ENTITLEMENT DATA FORM :
- ✓ LIFE INSURANCE ENROLLMENT FORM :
- ✓ GENERAL NOMINATION FORM :
- ✓ U.S. EXPORT CONTROLS ON TECHNOLOGY TRANSFER:  
MICRO FOCUS EMPLOYEE LETTER OF ASSURANCE :
- ✓ COMPLIANCE WITH EXPORT AND IMPORT REGULATIONS :
- ✓ UNDERTAKING ON COMPLIANCE WITH PRIVACY  
OBLIGATIONS AND SHARING OF INFORMATION :
- ✓ DECLARATION TO WORK ON SHIFTS :
- ✓ DECLARATION OF NON- AVAILABILITY OF RELIEVING  
DOCUMENT :
- ✓ EMPLOYEE ID & ACCESS CARD ISSUANCE FORM :
- ✓ THE PAYMENT OF GRATUITY NOMINATION FORM  
(EMPLOYER AND EMPLOYEE COPY) :
- ✓ PF NOMINATION FORM - II :
- ✓ PF DECLARATION FORM – 11 :

### **TO BE SUBMITTED WITH ABOVE DOCUMENTS:**

- ✓ WHITE BACKGROUND PASSPORT SIZE PHOTOGRAPH :
- ✓ COPIES OF EDUCATION CERTIFICATES / MARKS CARD :
- ✓ COPY OF RESIGNATION ACCEPTANCE LETTER OR  
RELIEVING LETTER :
- ✓ DATE OF BIRTH PROOF :
- ✓ NATIONALITY PROOF :
- ✓ PAN CARD COPY & NSR REGISTRATION COPY :

Note: Request employee to retain a copy of this document for future reference.