Composite Declaration Form -11

(Te be by the reference)

# EMPLOYEES' PROVIDENT FUND ORGAN ISATION

Provident Funds Scheme, 1952 (Paragraph 34 & 57)

Enzployees' pension Scheme, 19ÐS (Paragraph 24)

(Ikclaration by a pers•cz taking up employment ia 02 vüieå EPF 1952 and FÄ 1995 applicable)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of the member | |  |
| 2 | Father's Name  Name | |  |
| 3 | Date of Birth: ( DD MM YVYV ) | |  |
| 4 | Gender: (MalefFemaIerrransgender) | |  |
|  | Marital Status: (Married]Unmarried/Widow/WidoweríDivorcee) | |  |
| 6 | (a) Email Il):  b' Mobile No.: | |  |
| 7 | Present emp:oyment dewi!s:  Dale ofjoining in the current establishment (DI)/MM/YYYY) | |  |
|  | KYC Details: (attach self attested copies of following KVCs) | |  |
| 1. Bank Account No. : 2. IFS Ccde ofthe branch: | |  |
| c) AAI)HAR Number | |  |
| d) Pertmnent Account Number (PAN), if available | |  |
| 9 | Wilether earlier a member of Employees' Provident Fund Scheme,  1952 | | Ves : No |
| 10 | Whether earlier a member of E | lovees' Pension Scheme, 1995 | Yes / No |
| 11 | Previous employment details: lif Yes {a 9 AND/OR IC abovel tin-exempted   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Establishment  Name & Address | Universal  Account  Number | PF Account Number | Date ofjoining  (DDÆfM1 VYYY) | Date of exit  (DDI'MMf YYYY) | Scheme  Ceztiãcale  issued | PPO Numbcr  (if issued) | Nott  Coatributory  Period  TCP | |  |  |  |  |  |  |  |  | | | |
| 12 | Previous employment details: lif Yes {a 9 AND/OR IC abovel exempted - TRUST   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Name & Address  TRUST | Universal  Account  Number | PF Account Number | Date ofjoining  (DDÆfM1 VYYY) | Date of exit  (DDI'MMf YYYY) | Scheme  Ceztiãcale  issued | PPO Numbcr  (if issued) | Nott  Coatributory  Period  TCP | |  |  |  |  |  |  |  |  | | | |
| 13 | 1. International Worker: | | Yes /No |
| f yes, state country of origin (India;Name of other coun  c) Passport No. | |  |
|  |
| d) Validity of [(DD/MWYYYY) to (DD/MWYYYY)I | |  |

## UNDERTAKING

I) Cer1ifiCdthatthe particulars tolhc bcst

1. I authorize EPFO to IBC my Aadhar for purpose for Sta-vice delivery-
2. Kindly transferthcfnndsandservice details, ifnpplicable, from the PI? accountasdeclared above to  P.F.

Account as am an Aadhar verified employee in my previ01Ùs PF Account. \*

1. In case ofchanges in above details, the same win intimated to employer at the earliest.

Datc:

Place:

Signature of Member

## DECLARATION BY PRESENT EMPLOYER

 TIC member Mr/Ms/Mrs - and has been

a110üed PF No.

B. In casc the person was earlier not a mcmbzrcfEPF Scheme, ] 952 and EPS, 1995:

 Please Tick the Appropriate Option:

The KYC details of the above member in the UAN database

# • \*at-led

 Have been uploaded but not

 Have been uploaded and approved with DSCJe-sign.

 In case the person was earlier a member ofEPF Scheme, 1952 and EPS, 1995:

 Please Tick the Appropriate Option:-

E Ihc KYC details of the above member in the UAN have been approved wi{h E-siWDigita1 S

Certificate and transrer request has been generated on portal-

 The previous Account of the znemtm is not Aadharvcrified and hence physical transfer form shall be initiatzd.

Signature of Employer With Seal of

FAablishment

\*Auto transfer ofprevious PF account would be possibte in respect ofAæihar verified emptoyees Only. Other employees arc requested to file physical claim (Form- 13) fŒ transfer ofaccount from the previous