

A. PREVIOUS EMPLOYMENT DETAILS

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

UAN

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OR
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) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)
<input checked="" type="checkbox"/>	

13(B) PASSPORT NUMBER N/A

13(C) 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-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Final year appearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO	IF YES, TICK THE CATEGORY		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCOMOTIVE	VISUAL	HEARING
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Mayank Kumar	40642811987	IFSC SBIN0004117
NPR/AADHAAR	Mayank Kumar	6610 3638 2801	
PERMANENT ACCOUNT NUMBER (PAN)	Mayank Kumar	IXUPK6467C	
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
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: 21-Feb-2023

PLACE: Agra

Mayank
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