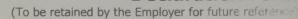
Declaration Form





Employees' Provident Fund Organization

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 (T-) | | | | | | | | | | | | | |
|----|------------------------------|----------|---------|----------|----------|--------|-----------|---------|------|---|---------|---------|-------|---------|
| 1) | NAME (TITLE) | | | | | | | | | | | | | |
| | MR, MS. MRS. | AD | IT | YA | A | N | AN | 0 | | | | | 1 | |
| | (PLEASE TICK) | | | | | | | | | | | | | |
| 2) | DATE OF BIRTH | D | D | М | MY | Y | Y | Y | | | | | | |
| -) | DATE OF BIRTH | 1 | | | | - | | | | | | | | |
| | | | 9 | 1 | 2 2 | 0 | 0 | 0 | | | | | | |
| 3) | FATHER'S/ MR. | TA | DR | AT | EE | T | 9 | IN | 61 H | | | | | |
| | HUSBAND'S NAME | | | 1, | | | 1 | 1 | | , | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4) | RELATIONSHIP IN RESPECT OF (| 3) ABOVE | | FATHER | | Н | USBAND | | | | | | | |
| | (PLEASE TICK) | | | V | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 5) | GENDER | | MALE | | FEMALE | : . | TRANSGE | NDFR | | | | | | |
| 3) | (PLEASE TICK) | | TIME | | | | 110111001 | | | | | | | |
| | (FLEASE TICK) | | | | | | | | | | | | | |
| | Many & Number | 1 | _ | _ | - | - | | | | | | 1 | | |
| 6) | MOBILE NUMBER (IF ANY) | 0 | 0 | 4 | 4 | | 2 | 5 | 6 | 6 | 7 | | | |
| | | 1 | | | | | | | | | |] | | |
| 7) | EMAIL ID (IF ANY) | 4 | Ť | a | n | a | n | d | 3 | 7 | 6 | 3 | 6 | 9 |
| | m | a | 1 | 1 | , | 1 | 0 | m |) | | | | | 0 |
| | 11 | - | | | | | | | | | | | | |
| 8 |) WHETHER EARLIER A MEMBER | OF THE E | EMPLOYE | EES' PRO | VIDENT | FUND | SCHEME, | , 1952? | | | | | -d | |
| | , | PLEASE T | | 162 | | YES | | | Ŋ | 9 | | | | |
| 9 |) WHETHER EARLIER A MEMBER | OF THE | EMPLOYE | EES' PEN | ISION SO | CHEME, | 1995? | | | | | | | |
| , | | PLEASE T | | | | YES | | | N. | 0 | | | | |
| | IF RESPONSE TO ANY OR BO | | | 9) ABO | | | EN MAN | DATOR | | | PREVIOU | S EMPLO | THEMY | DETAILS |
| | AT (10,11&12): | (| -, - (. | | | | | | | | | | | |
| | | | | | Dan | e 1 of | 3 | | | | | | | |

| 1 | PREVIOUS EMPLOY | MENT DET | NTI C | | | | | | | | | | | | |
|-----|--|---------------|--------|------------------|---------|--------------|--------|--------|-------|----------|--------------|-------|--------|------------|------------|
| | THE DETAILS OF THE | | | INT NUM | 1BER (I | UAN) | OR PR | REVIOU | SPFM | иЕМВЕ | R ID: | | | | |
| , | UAN | | | | | | | | | | | T | T | | |
| | OR | | | | | | | | | | | | | ACCOUNT NU | IMBER |
| | PREVIOUS PF MEM | BER ID | | REGION | CODE | 0 | FFICE | CODE | ESTA | ABLISH | HMENT ID | EXTE | NSION | ACCOUNTING | 1 |
| | | | L | | | | | | | | | | | | |
| 1) | DATE OF EXIT FOR PR | REVIOUS | D | D | _ | М | М | 1 | , | Y | Y | Y | | | |
| | MEMBER ID (DD/MI | | | | | | | | | The same | | | | | |
| | | L | | | | , | | | | | | | ·D. | | |
| 2) | (A) IF SCHEME CER' (B) IF PENSION PAY | TIFICATE ISSU | JED FO | OR PREV | IOUS E | MPLO | YMENT | THEN | SCHE | ME CE | RTIFICATE | NUMBI | | | |
| | (B) IF PENSION PAY | MENT ORDER | (PPC |) ISSUE | D FOR | PREV. | IOUS E | MPLOT | MEIAI | 11121 | | | | | |
| В. | OTHER DETAILS | | | | | | | | | | - | | | | |
| 3) | INTERNATIONAL WOR | RKER | | , | YES | | | | No | 1 | | | | | |
| | (PLEASE TICK) | | | | | - | 4 | | 4 | | | | | | |
| | IF THE REPLY TO (| 13) ABOVE | IS YE | S, THE | N ENTE | ER TH | E DET | AILS I | N 13 | (A), | 13(B) & : | 13(c) | | | |
| | 13(A) COUNTRY OF | ORIGIN (Ple | 2226 | Tick) HER THA | | | | | | 7 | | | | | |
| | INDIA | | MEI | NTION N | AME O | FTHE | COUN | TRY) | | - | | | | | |
| | | | 1 | | - | | - | | | _ | | | | | |
| | 13(B) PASSPORT NU | JMBER _ | | | | | | | _ | | | | | | |
| | 13(c) PASSPORT VA | | | | | М | M | TY | Y | Y | TY | | | | |
| | 13(C) PASSPORT VA | LIDIRON | | D | D | IAI | 141 | - | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | То | | D | D | М | M | Y | Y | Y | Y | | | | |
| | | | | | | | | | | | | | | | |
| | | | | Non | | | | SEI | VIOR | | | F | POST | DOCTOR | TECHNICA |
| 14 |) EDUCATIONAL QUALIFICATION | ILLITERAT | TE | Non- Matri | | MATR | IC | | NDARY | (| GRADUATE | GR | ADUATE | DOCTOR | PROFESSION |
| | (PLEASE TICK) | | + | - | | | | | | | 1_ | | | | |
| | (PLEASE TICK) | | | | | | 1 | | | _ | | | | | |
| | MARRIE MARRIE | | ED | D UNMARRIED | | | | oow/\ | VIDO | NER | VER DIVORCEE | | | | |
| 15 |) MARITAL STATUS (PLEASE TICK) | MAKKI | OWNED | | | WIDOW/ WIDOW | | | | | | | | | |
| | (12213213) | | | | | | | | - | | | | | | |
| 16) | SPECIALLY ABLED | YES | T | No | 7 | | | | I | YES | , TICK THE | CATE | GORY | | |
| 10) | (PLEASE TICK) | - | | 1 | | | 10 | ОСОМО | TT\/F | | VISUAL | | Н | EARING | |
| | (LLASE TICK) | | | | | | L | الاال | ITAL | | V LOUTE | | . 11 | | |

17) KYC DETAILS

| KYC DOCUMENT TYPE | NAME AS ON KYC DOCUMENT | NUMBER | REMARKS, IF ANY |
|--------------------------------|-------------------------|----------------|------------------|
| BANK ACCOUNT-1* | ADITHA ANAND | 056401535985 | TCTC 0000 564 |
| NPR/AADHAAR | ADITYA ANAND | B108 7614 4731 | |
| PERMANENT ACCOUNT NUMBER (PAN) | ADITYA ANAND | DWTPA 2115Q | Description |
| PASSPORT | TIBLITA HNAND | | EXPIRY DATE |
| DRIVING LICENCE | | | EXPIRY DATE |
| ELECTION CARD | ADITYA ANAND | JSH8250045 | |
| RATION CARD | - | | |
| ESIC CARD | | | S MANDATORY. YOU |

* 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 | =: 13/03/2025 | Aditya Financi SIGNATURE OF MEMBER |
|------|---|---------------------------------------|
| PLAC | DECLARATION BY PRESENT EMPLOYER | |
| A. | THE MEMBER Mr./Ms./Mrs HAS JOINED ON AND HA | S BEEN ALLOTTED PF MEMBER ID |
| В. | 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 | |
| | THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE NOT BEEN UPLOADED HAVE BEEN UPLOADED BUT NOT APPROVED | |
| C. | HAVE BEEN UPLOADED AND APPROVED WITH DSC 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 TAGGE MEMBER ID AS DECLARED BY MEMBER. | D WITH HIS/HER UAN/PREVIOUS |

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.

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

DATE: