Composite Declaration Form -11

(To be retained by the employer for future reference) EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 and 57) and

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

| 1. | Name of the Me | | | | | | | |
|-----|---|--------------------------------|-------------------------|---------------------------------|------------------------------|---|--------------------------------|--|
| 2. | Father's Name | | | | | | | |
| ۷. | (Please Tick Appropriate Option) | | | | | | | |
| 3. | Date of Birth: (D | | | | | | | |
| 4. | Gender: (Male / Female /Transgender) | | | | | | | |
| 5. | Marital Status: (Married/ Unmarried/Widow/ Widower/ Divorcee) | | | | | | | |
| | (a) Email ID: | | | | | | | |
| 6. | (b) Mobile No: | | | | | | | |
| 7. | Present employment details: Date of joining in the current establishment (DD/MM/YYYY) | | | | | | | |
| | KYC Details: (attach self-attested copies of following KYCs) | | | | | | | |
| | (a) Bank Account No.: | | | | | | | |
| 8. | (b) IFS Code of the branch: | | | | | | | |
| | (c) AADHAR Number | | | | | | | |
| | (d) Permanent Account Number (PAN), if available | | | | | | | |
| 9. | Whether earlier a member of Employees' Provident Fund Scheme,1952 (Yes/No) | | | | | | | |
| 10. | Whether earlier a member of Employees' Pension Scheme, 1995 (Yes/No) | | | | | | | |
| | Previous employment details: (if Yes to 9 AND/OR 10 above I - Un-exempted | | | | | | | |
| 11. | Establishment Name and Address | Universal Account Number | PF Account Number | Date of Joining (DD/MM/YYYY) | Date of exit (DD/MM/YYYY) | Scheme Certificate No. (if issued) | PPO Number (if issued | Non- Contributory Period (NCP) Days |
| | | | | | | | | |

| | Name and Address of the Trust | UAN | Member EPS A/c Number | Date of Joining (DD/MM/YYYY) | Date of exit (DD/MM/YYYY) | Scheme Certificate No. (if issued) | | Non- Contributory Period (NCP) Days |
|---|-------------------------------------|-----|-----------------------------|---------------------------------|------------------------------|---|--|--|
| 12. | | | | | | | | |
| 13. (a) International Worker: (Yes/No) (b) If yes, state country of origin (India/Name of other country) | | | | | | | | |
| | (c) Passport N | | | | | | | |

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification / authentication/ e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account.¹
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

| Date: | |
|--------|--------------------|
| Place: | Signature of Membe |

DECLARATION BY PRESENT EMPLOYER

| A. | The r | nember Mr. /Ms. /Mrs | | | | | has | | |
|----|--|--|---------|-----------|----------------|------------------|------|--|--|
| | joined Numb | d on per | | has | been | allotted | PF | | |
| В. | In cas | In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995: | | | | | | | |
| | • | 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 cas | In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995: | | | | | | | |
| | • | 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. | | | | | | | |
| | The Previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated. | | | | | | | | |
| | Date: | | Signatu | re of Emp | oloyer with Se | al of Establishm | nent | | |
| | | | | | | | | | |
| | | | | | | | | | |

¹ Auto Transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.