



Composite Declaration Form - 11

Employee Code

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

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

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 member | |
| 2 | Father's Name Husband's Name | |
| 3 | Date of Birth: (DD/MM/YYYY) | |
| 4 | Gender: (Male/Female/Transgender) | |
| 5 | Marital Status (Married/Unmarried/Widow/Widower/Divorcee) | |
| 6 | (a) Email ID: (b) Mobile No.: | |
| 7 | Present employment details: Date of Joining in the current establishment (DD/MM/YYYY) | |
| 8 | KYC Details (attach self attested copies of following KYCs) a) Bank Account No. : b) IFS Code of the branch: c) Aadhaar 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) | |
| 11 | Previous employment details: (If Yes to 9 AND/OR 10 above) Un-exempted | |
| | Establishment Name | |
| | Establishment Address | |
| | Universal Account Number (UAN) | |
| | 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 | |
| 12 | Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts | |
| | Name of the Trust | |
| | Address of the Trust | |
| | Universal Account Number (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 | |
| 13 | a) International Worker (Yes/No.) | |
| | b) If yes , State Country or Origin (India/Name of other Country) | |
| | c) Passport No. | |
| | d) Validity of Passport From (DD/MM/YYYY) | |
| | To (DD/MM/YYYY) | |

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorise EPFO to use my Aadhaar for verification/authentication/eKYC 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 Aadhaar verified employee in my previous PF Account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: _____

Place: _____

Signature of Member

DECLARATION BY PRESENT EMPLOYER

A The member Mr./Ms./Mrs. _____ has joined on _____ and has been allotted PF No. _____ and UAN _____

B. 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 no approved

Have been uploaded and approved with DSC/e-sign

C. 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 E-sign/Digital Signature Certificate and transfer request has been generated on Portal.

The previous Account of the member is not Aadhaar verified and hence physical transfer form shall be initiated

Date: _____

**Signature of Employer with Seal of
Establishment**

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