



कर्मचारी भविष्य निधि संगठन
Employees' Provident Fund Organisation

(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

(Ministry of Labour & Employment, Govt. of India)

मुख्य कार्यालय / Head Office

भविष्य निधि भवन, 14-भीकाजी कामा प्लेस, नई दिल्ली-110 066.

Bhavishya Nidhi Bhawan, 14, Bhikaiji Cama Place, New Delhi – 110 066.

Website: www.epfindia.com/www.epfindia.gov.in

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DEC 2011

To

All Additional CPFCs (Zones)
All Regional P.F. Commissioners, ROs and SROs

Subject: Implementation of Agreement on Social Security with the Kingdom of Netherlands with effect from 1st December, 2011 – regarding.

Sir,

In pursuance to the Social Security Agreement (SSA) signed with the Kingdom of Netherlands, the Government of India has now notified vide order No. OI-11012/143/2005-EP-II dated 08.12.2011 that the above Agreement has come into force with effect from **1st December, 2011**. The text of the Agreement is available on the official website of EPFO, www.epfindia.gov.in.

2. The Agreement provides, inter-alia, for posting i.e. detachment up to a period of 60 months for employees of both the countries; therefore, the implementation process involves the issue of "Certificate of Coverage" (COC). In view of this, concerned employee/employer may apply for the "Certificate of Coverage" in the prescribed format. The following instructions may be adhered to while forwarding the application for COC to the International Workers Unit (IWU), Head Office, New Delhi :-

i. An application in the prescribed format (copy enclosed) should be filled by both the employee and employer of an establishment covered under the Employees' Provident Funds & Miscellaneous Provisions Act, 1952.

ii. The application form should be accompanied by an attested copy of passport of the applicant indicating the name, date of birth, address and other details of the passport, such as number, date of issue, validity, etc. In case the address mentioned in the application form differs from the address mentioned in the passport, the same has to be certified by the employer.

iii. Each application should be properly audited for verifying correctness of the details furnished.

Contd/-

- iv. The application(s) complete in all respect should be forwarded to the IWU, Head Office, New Delhi by speed post on the same day for issue of the "Certificate of Coverage".
 - v. On receipt of the Certificate of Coverage from Head Office, the employee's account should be flagged as "IW Account" and then the Certificate (s) handed over to the employer.
 - vi. Regular compliance of the "IW Accounts" be monitored subsequently.
3. In case any further clarification is required, IWU Head Office may be contacted.

This issues with the approval of CPFC.

Yours faithfully,

Encl: As above.



(Udita Chowdhary)
Regional P.F. Commissioner-I (IWU)

Copy to:

Director, NATRSS
All Officers in Head Office
All ZTIs/ZAOs/DDs (Vig.)
✓ RPFC (NDC) with a request to upload the circular on EPFO website.
Hindi Version will follow.



(Udita Chowdhary)



कर्मचारी भविष्य निधि संगठन भारत
EMPLOYEES' PROVIDENT FUND ORGANISATION, INDIA
भारत गणराज्य एवं नीदरलैंड्स राज्य के मध्य सामाजिक सुरक्षा पर करारनामा
AGREEMENT ON SOCIAL SECURITY BETWEEN
THE REPUBLIC OF INDIA AND THE THE KINGDOM OF THE NETHERLANDS
कवरेज प्रमाण-पत्र के लिए आवेदनपत्र

Application for obtaining a Certificate of Coverage
(केवल स्पष्ट अक्षरों में भरा जाए / To be filled in BLOCK LETTERS only)

1. कर्मचारी का विवरण / Employee's Detail:

- 1.1 पूरा नाम / Full Name (पासपोर्ट के अनुसार / As in Passport):.....
.....
- 1.2 लिंग / Gender:
- 1.3 जन्म-तिथि (दिन/मास/वर्ष) / Date of Birth (dd/mm/yyyy):
- 1.4 पासपोर्ट का विवरण / Passport details (पासपोर्ट की प्रति संलग्न करे / Copy of Passport to be enclosed):
पासपोर्ट संख्या / Passport No.:
जारी करने का स्थान / Place of issue:
जारी करने की तिथि (दिन/मास/वर्ष) / Date of issue (dd/mm/yyyy):
तिथि कब तक वैध है (दिन/मास/वर्ष) / Valid upto (dd/mm/yyyy):
- 1.5 क.अ.नि. पंजीकरण संख्या / EPF Registration No.:
- 1.6 स्थायी पता / Permanent Address :
.....
.....
..... पिन / PIN :, भारत / INDIA.

2. कर्मचारी के साथ जाने वाले परिवार के सदस्य / Family members accompanying the employee:

क्र. सं. Sl. No.	नाम Name	जन्म तिथि Date of Birth	कर्मचारी के साथ संबंध Relation with Employee

3. नियोक्ता का विवरण / Employer's Details:

- 3.1 स्थापना का नाम / Name of Establishment:
.....
.....
- 3.2 पता / Address:
.....
..... पिन / PIN :, भारत / INDIA.
- 3.3 स्थापना की कोड संख्या / Establishment Code No.:
.....

3.4 व्यापार गतिविधि / Business Activity :

.....

4. नीदरलैंड्स में कार्य का स्थान / **Place of work in Netherlands:**

4.1 फर्म/स्थापना/जहाज का नाम / Name(s) of firm/establishment/ship:

.....

4.2 पता / Address:

.....

.....

4.3 से (दिन/मास/वर्ष) / from (dd/mm/yyyy):

तक (दिन/मास/वर्ष) / to (dd/mm/yyyy):

.....

.....

5. नियोक्ता एवं कर्मचारी द्वारा संयुक्त घोषणा / **Joint undertaking by the employer and employee:**

हम एतद्वारा घोषणा करते हैं कि / We hereby undertake that:

क) नियोक्ता इस कर्मचारी की नीदरलैंड्स में तैनाती की अवधि के दौरान एक अंतर्राष्ट्रीय कामगार के रूप में भारत में उसके लिए अंशदान करता रहेगा ।

a) The employer shall continue to contribute in respect of this employee as an International Worker in India during the period of posting in Netherlands.

ख) नियोक्ता इस प्रमाणपत्र के प्रचलन के दौरान तैनात कामगार के रोजगार की स्थितियों में किसी प्रकार के परिवर्तन की सूचना कर्मचारी भविष्य निधि संगठन को देगा ।

b) The employer shall inform EPFO about any change in the employment status/secondment of the posted employee during the currency of this certificate.

ग) कामगार अपने नियोक्ता के माध्यम से इस प्रमाण पत्र के खोने / चोरी हाने की सूचना कर्मचारी भविष्य निधि संगठन को देगा ।

c) The employee shall inform EPFO, through the employer, about any loss/theft of this certificate.

घ) कवरेज प्रमाण-पत्र के किसी प्रकार के दुरुपयोग यदि कोई है के लिए हम संयुक्ततः एवं पृथकतः उत्तरदायी हैं ।

d) We are jointly and separately responsible for the misuse of any kind, of the Certificate of Coverage, if any.

ङ) हम यह जानते हैं कि नीदरलैंड्स के नियोक्ता / प्राधिकरण द्वारा इस प्रमाणपत्र की मांग करने पर कामगार को इस कवरेज प्रमाणपत्र की मूल प्रति उपलब्ध करानी होगी जिससे कि उसे नीदरलैंड्स में तैनाती के दौरान छूट की स्थिति का पता चल सके ।

e) We are aware that the employee has to produce this Certificate of Coverage in original as and when demanded by the Netherlands employer/authority, in order to get the exemption status during the posting period in Netherlands

च) हमारे सीधे मालिक एवं सेवक के संबंध हैं तथा कर्मचारी व अभिग्राही कंपनी के मध्य सीमित अथवा असीमित अवधि (अन्तर्निहित मौखिक अथवा लिखित) के रोजगार का कोई करारनामा नहीं हैं ।

f) We maintain a direct master and servant relationship and that there is no agreement of employment of limited or unlimited duration (implied, oral or written) between the employee and the receiving company.

(कामगार के दिनांक सहित हस्ताक्षर)
(Signature of Employee with Date)

(नियोक्ता के दिनांक एवं मोहर सहित हस्ताक्षर)
(Signature of Employer with Date and Stamp)