कर्मचारी भविष्य निधि संगठन Employees' Provident Fund Organisation

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No: Manual/Amendment/2011

(श्रम एवं रोजगार मंत्रालय, भारत सरकार) (Ministry of Labour & Employment, Govt. Of India) मुख्य कार्यालय/Head Office

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Date:

20 SEP 2017

То

All Addl. CPFC (HQ/Zone), Regional P.F. Commissioners-incharge of Regional Offices.

Subject: Introduction of Composite Declaration Form (F-11)

Sir,

The Central Provident Fund Commissioner by exercising the powers conferred under para 36(7) read alongwith the provisions of para 34 and 57 of EPF Scheme, 1952 and para 24 of Employees' Pension Scheme, 1995 has ordered the introduction of Composite Declaration Form (F-11) by replacing the existing New Form-11 and the same is enclosed as Annexure.

Yours faithfully,

Encl: As above

(Udita Chowdhary)

Addl. Central P.F. Commissioner (F&A)

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To Heads

No: Manual/Amendment/2011

Date: 20.09.2017

ORDER

Introduction of New Form 11

The Employees' Provident Fund Organization has embarked upon next phase of e-governance reforms with a view to make its services available to its stakeholders. EPFO has recently introduced a single page Composite Claim Form (Aadhaar/Non-Aadhaar) and Composite Claim Form for death cases by replacing multiple forms for settlement of claims.

- 2. In exercise of powers conferred under para 36(7) read alongwith the provisions of para 34 and 57 of EPF Scheme, 1952 and para 24 of Employees' Pension Scheme, 1995, the introduction of Composite Declaration Form (F-11) is ordered with immediate effect by replacing the existing New Form-11.
- 3. The Composite Declaration Form will also replace Form No. 13 in all cases of auto transfer vide order No. Manual/Amendment/2011/133&6 dated 20.09.2017.

(Dr. V.P. Joy)

Central Provident Fund Commissioner

Encl: Composite Declaration Form-11



Composite Declaration Form -11

(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	Na	me of the member	•							
2	Father's Name Spouse's Name									
3	Dat	te of Birth: (DD /	MM / YYYY)		. ,				
4	Ger	nder: (Male/Fema	le/Transgender)						
5	Ma	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	KY	KYC Details: (attach self attested copies of following KYCs)								
	a) Bank Account No. : b) IFS Code of the branch:									
	c)	AADHAR Num	ber							
	d)	Permanent Acco	unt Number (P.	AN), if availal	ole					
9		Whether earlier a member of Employees' Provident Fund Scheme,					Yes / No			
10	1952 Whether earlier a member of Employees' Pension Scheme, 1995 Yes / No									
	Previous employment details: [if Yes to 9 AND/OR 10 above] - Un-exempted									
	ı	Establishment Name & 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	
11										
	Previous employment details: [if Yes to 9 AND/OR 10 above] — For Exempted Trusts									
		Name & Addre	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		The party of the p								
	a)	International W	Vorker:					Yes / No		
13	a) b)	If yes, state cour		ndia/Name of	other country)			Yes / No		
13				ndia/Name of	other country)			Yes / No		

UNDERTAKING

1) Certified that the particulars are true to the best of my knowledge.

Date:

- 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.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

			Signature of Member				
	DECLARATI	ON BY PRESENT EMPLOYER					
The mer	mber Mr/Ms/Mrs	has joined on	and has been				
allotted l	PF No	and UAN	***************************************				
In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:							
• P	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/e-sign.					
In case the	the person was earlier a member of EPF Sc	heme, 1952 and EPS, 1995:					
	Please Tick the Appropriate Option:-						
			with E-sign/Digital Signature				
	The previous Account of the member is	not Aadhar verified and hence physical transfe	r form shall be initiated.				
	allotted In case to the control of the case to the cas	In case the person was earlier not a member of EPI Please Tick the Appropriate Option: The KYC details of the above member Have not been uploaded Have been uploaded but not approved Have been uploaded and approved with In case the person was earlier a member of EPF Sc Please Tick the Appropriate Option: The KYC details of the above member of EPF Sc Please Tick the Appropriate Option: The KYC details of the above member of EPF Sc Certificate and transfer request has beer	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/e-sign. 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 Certificate and transfer request has been generated on portal.				

Signature of Employer with Seal of

Establishment

^{*}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.