FORM 10C FOR CLAIMING WITHDRAWAL BENEFIT/SCHEME CERTIFICATE

Employer’s Pension Scheme, 1995

(Read the instructions before filing up this form)

WITHDRAWAL BENEFIT IS NOT ADMISSIBLE IF MEMBERSHIP IS LESS THAN 180 DAYS EXCLUDING NON CONTRIBUTING PERIOD

1. Name of the Member (In Block Letters):
   Name of the claimant (s):

2. Date of Birth (dd/mm/yyyy)

3. Father’s Name

4. Name & Address of the Establishment in which, the member was last employed


5A) Date of Joining the Estt.

6. Reason for leaving service & Date of Leaving

7. Full Address (In Block Letters)

Signature or Left / Right hand thumb impression of the member

Form 10C (www.epfindia.gov.in)
8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits?

Yes [ ] No [ ]

Withdrawal benefit is not admissible if the membership is less than 180 days excluding non contributory period of service.

9. Particulars of Family (Spouse & Children & Nominee)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship with Member</th>
<th>Name of the guardian of minor</th>
</tr>
</thead>
</table>

(a) Family members

(b) Nominee

10. In case of death of members after attaining the age of 58 years without filling the claim:

Date of death of the member

11. Mode of remittance (put a tick in the box against the one opted)

- [ ] By postal money order at my cost to the address given against item No.7:

- [ ] By account payees cheque/ electronic mode sent directly for credit to my S.B. A/C (Scheduled Bank /P.O.) under intimation to me.

- [ ]

12. Are you availing pension under EPS-95 ?

Yes [ ] No [ ]

If yes, indicate PPO No. By whom issued.

Certified that the particulars are true to the best of my knowledge

Signature or left Hand Thumb impression of the Member/Claimant

Date

Form 10C (www.epfindia.gov.in)
Advance Stamped Receipt

[To be furnished only in case of (b) above]

Received a sum of ₹.......................... (Rupees..................................................) only from Regional Provident Fund Commissioner/Officer-in-charge of Sub-Regional Office.................by deposit in my savings Bank A/c towards the settlement of my Pension Fund Account.

The space should be left blank which shall be filled by Regional Provident Fund Commissioner/Officer-in-charge)

Ticket No. ...........................................................P.I.No.................................

Passed for payment for ₹.......................... (in words) .......................................................... towards withdrawal benefit.

S.S. .......................... .......................... .......................... .......................... ..........................
(For use in Cash Section)

Check No. .......................................................................................................................... Amount .................................................. for the purpose of cash deposit at the bank

Debit Side .......................................................................................................................... For the purpose of cash withdrawal

Paid by inclusion in cheque No. .......................................................... Dt ......................... vide Cash Book (Bank) Account No. 10 Debt item No. ..........................................................

Amount

S.S. AC (Cash)

For issue of S.C., IDS is enclosed

Scheme Certificate bearing the control No. .................................................. issued on .................................................. and entered in the Scheme Certificate Control Register.

Scheme Certificate Control Register

SSA S.S. A.AO. APFC (A/cs.)