

In case, no intimation is received within a month, you may write to "The complaints Officer Employees Provident Fund," dully quoting the Registration Number and your Provident Fund Account Number.

POST CARD

Postage Prepay

.....
.....
.....
.....

PIN

ACKNOWLEDGEMENT CARD

Account Not D/L

.....



Office of the RPFC
NEW DELHI

ACKNOWLEDGEMENT.

Received the following Claims.

Registration No.

EPF

Date Office Seal

EPF

.....

IF

.....

EMPLOYEES' PENSION SCHEME 1995

FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995
FOR CLAIMING WITHDRAWAL BENEFIT/SCHEME CERTIFICATE

1. (a) Name of the Member
(In Block Letters)

(b) Name of the claimant(s)

2. Date of Birth

3. Father's Name

4. Husband's Name (if applicable)

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

6. Code No. & Account No.

Region/SRO Code

Estt. Code No.

A/c No.

7. Reason for leaving service
& Date of Leaving

8. Full Postal Address (In Block Letters)
Sh./Smt./Km.

S/o, W/o, D/o

..... PIN

9. Are you willing to accept Scheme

Certificate in lieu of withdrawal benefits

(a)

Yes

(b)

No

1 0. Particulars of Family (Spouse & Children & Nominee)

	Name	Date of Birth	Relationship with Member	Name of the guardian of minor
(a) Family Member
(b) Nominee

11. In Case of death of member after attaining the age of 58 years without filing the claim

- (a) Date of death of the member
- (b) Name of the Claimant(s)/and relationship with the member

12. Mode for Remittance (Put a Tick in the Box against the one opted)

(a) By Postal money order at my cost to address given against item No. 7

(b) Account payee cheque sent direct for credit to my SB A/c (Schedule Bank)
Under intimation to me.

S.B. Accounts No.

Name of the Bank
(in block letters)

Branch
(in block letters)

Full address of the Branch
(in block letters)

.....

.....

.....

13. Are you availing pension under EPS-95

" If so, indicate PPO No. By whom issued

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

Date

.....
Signature or Left Hand Thumb Impression
of the Member/claimant(s)

ADVANCE STAMPED RECEIPT
(To be furnished only in case of 12(b) above)

Received a sum of Rs. (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 Accounts.

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

Rs. 1 /-
Revenue
Stamp

.....
Signature of Left Hand Thumb Impression
of the Member on the stamp

Certified that the particulars of the member given are correct and the member has signed/thumb impressed
before me.

The details of wages and period of non-contributory service of the member are as under
Form 3A/7 (EPS) enclosed for the period for which it was not sent to employees' Provident Fund Office.

.....
Wages (Basic + D.A.) as on 15.11.95 (if applicable)

.....
Wages as on the date of exit.

Period of non-contributory Service

Year/Month No. of days

Date

.....
Signature of Employer/
authorised Official

(FOR THE USE OF COMMISSIONER'S OFFICE)

Under Rs.
RI. No. M.O./Cheque.

Passed for payment for Rs (in words)

M.O. Commission (if any net amount to be paid by M.O.
towards withdrawl benefits.

.....
D.H. S.S. A.A.0

(For use in Cash Section)

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

.....
D.H. S.S. AC (A/cs)

For issue if S.S., IDS is enclosed.

.....
D.H. S.S. A.A.O/APFC (A/cs)

(For use in Pension Section)

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

.....
D.H. S.S. A.A.0

.....
APFC (PENSION)