

Regn. No...



Employees' Provident Fund Scheme, 1952

Form-19

(Refer to instruction)

1. Name of the members in Block Letters.

Furnish your Name Legibly in Capital Letters

2. Father's Name or (husband's Name in the case of married woman)

Fill your Father's / Husband's name legibly in capital letters

3. Name & Address of the Factory/Establishment in which the member was employed.

Furnish the Name and Full address of the Establishment

4. Account No.:.....

Furnish the Member Account Number as allotted to Member

5. Date of leaving service

Correct Date of Leaving should be filled in

6. Reason for leaving service

Please indicate reason for leaving

7. Full Postal Address (in Block Address)

Shri/Smt./Kum...

S/O/W/O/D/O...

Full Postal Address Should be given clearly in Block Letters

Pin :

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8. Mode of remittance

Put a tick (÷) in the box against the one opted

(a) By Postal Money Order at my cost.

()

To the address given against item No. 7

(b) By account payee cheque sent

()

S.B. Account No...

Direct for credit to my S.B.

Name of the Branch...

A/c (Scheduled Bank/P.O.)

Branch...

Under intimation to me.

Full address of the branch...

It is better to get payment directly into account, Full address of Bank Branch along with Name and Bank A/c. no. should be mentioned

Certified that the particulars are true to the best of my

knowledge. Date of joining of Establishment...

Correct Date of Joining should be Filled in

Date of Birth ...

Please provide your Date of Birth

Contribution for the Current Financial Year.

Month				Contribution		Period of break if any		Month				Contribution		Period of break if any	
Month	Wages	Employee		Employers		Total		Month	Wages	Employee		Employers		Total	
		EPF	FP	EPF	FP	EPF	FP			EPF	FP	EPF	FP	EPF	FP

Contribution for Current Financial Year with wages should be furnished OR Form 3A for current financial year with attestation of the employer should be furnished

(information to be furnished by the Employer if the Claim Form is Attested by the Employer)
Certified that the above contributions have been included in the regular monthly remittances.

The Applicant has signed/Thumb impressed before me.

Member should sign in the application here

Signature of Left/Right hand thumb impression of the member

Date...

Designation & Seal

Encl.

Declaration of non-employment

Note:- In the case of submission of application for settlement under clause (s) of sub-paragraph (i) and in clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

Member should sign in the application here

Date...

Signature or Left / Right hand thumb impression of the member

ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)

Received a sum of Rs.(Rupees from
Regional Provident Fund Commissioner / Officer-in-Charge of Sub-Accounts Office ...
by deposit in my Savings Bank account towards the settlement of my Provident Fund Account.

The space should be left blank which shall be filled
in by Regional Provident Fund Commissioner/Officer
in-Charge of S.A.O.

Affix 1/- Rupee
Revenue
Stamp

Member should sign across the revenue stamp affixed

Signature or Left / Right hand thumb impression of the member

(For the use of Commissioner's Office)

A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal register.

Clerk

Section Supervisor

P.I.No.-----

M.O./Cheque

Account No. -----

Section passed for payment for Rs.-----

1/4 in words)-----

M.O.

Non-Amission (if any) by M.F.C.-----

Date-----

(For use in Cash Section)

Paid by inclusion in Cheque No...

. date...

vide Cash Book (Bank) Account No.3 Debit Item No ...

HC

AC / RC

Remarks