# Joint Declaration By the Member and The Employer

**Date:**

To,

The Assistant Provident Fund Commissioner,

Provident Fund Organization

Sub Regional Office,

RAJKOT.

**Sub: Joint declaration by the member and the employer**

Dear Sir,

 **(EMPLOYEE NAME)** am/ was an employee / ex employee of**. (COMPANY NAME)**

 **(COMPANY CODE)**  **UAN:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Correct** | **Wrong** |
| **Name** |  |  |
| **Father/ Husband Name** |  |  |
| **PF / EPS Account No.** |  |  |
| **Date of Birth (DD/MM/YYYY)** |  |  |
| **Date of joining (DD/MM/YYYY)** |   |  |
| **Date of leaving (DD/MM/YYYY)** |  |  |
|  **MOBILE NUMBER** |   |   |

I am also enclosing herewith self attested copy of ID proof (**Any one** ­ PAN card/ Voters’ Identity Card/ Passport/ Driving License/ Aadhar Card) for your ready reference.

Therefore, you are requested to make necessary changes in your records (if required) under intimation to me. An early action in this regard will be highly appreciated.

In connection with the above application, please do the needful at your end and settle the case. The establishment will be responsible for the any kind of false / over payment and take liability to repay such an amount.

Yours Faithfully

**Signature of EPF member Signature of the authorize person of**

**Encl: As above. the establishment with seal**