## **Joint Declaration by the Member and The Employer**

Date:				
To, The Regional P F Commissioner				
Sub: Joint declaration by the member and the employer				
Dear Sir,				
1.	UAN	am/ was an employee / ex-		
employee of	furnishing b	am/ was an employee / ex- elow herewith correct details with		
aforesaid establishment:-				
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)				
Identity Card/ Passport/ Driving Li	cense/ Aadhar Card) for make necessary changes i	in your records (if required) under		
Yours Faithfully,				
Name & Signature of Applicant	:			
Name of Authorized Signatory	:			
Signature With Establishment Sea	l :			
Encl.: As Above				

## Joint Declaration by the Member and The Employer

Date: Fill the date of application

To,

The Regional P F Commissioner

Fill the address of RPFC. This will be filled by your employer

Sub: Joint declaration by the member and the employer

Dear Sir,

I, <u>Mention your name as per Aadhaar</u> UAN <u>Mention your UAN as per UAN Passbook</u> am/ was an employee / ex-employee of <u>Mention your employer Name</u> furnishing below herewith correct details with aforesaid establishment:-

Particulars	Correct	Wrong
Name		
Father/ Husband Name		
PF / EPS Account No	Fill these columns with correct and wrong details	
Date of Birth (DD/MM/YYYY)		
Date of joining (DD/MM/YYYY)		
Date of leaving (DD/MM/YYYY)		

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.

Yours Faithfully,

Name & Signature of Applicant : Mention your name and signature

Name of Authorized Signatory : Employer to mention the name of authorised

signatory and sign

Signature With Establishment Seal : Employer to affix the establishment seal

Encl.: As Above

In addition to proof by the employee, employer to attach Form 5 & 10 basis the applicability