Ref: _____ Date: _____

(To be submitted on establishment letter head)

To,

The Regional P. F. Commissioner,
EPFO, Regional Office,

_____.

Sub: Joint declaration for correction in name, date of birth and relevant details of EPF member.

Sir/Madam,

It is declared jointly by the authorized signatory and the employee (or claimant of deceased employee) of M/s. _____ that the name / date of birth of following EPF Member ID/UAN holder was furnished wrong/ incorrect at the time of enrollment of EPF membership. Further, the undersigned UAN holder is unable to modify basic details online due to ☐ **i)** Password of UAN Member Portal is lost or forgot, ☐ **ii)** Registered mobile number (with UAN) has changed, ☐ **iii)** KYC document (Aadhaar) is not linked with UAN, ☐ **iv)** Already, incorrect details have been demographically verified in the UAN, ☐ **v)** The name has been changed legally or due to marriage, ☐ **vi)** The EPF Member died before getting his name corrected.

It is therefore requested to correct the name/ date of birth/ Gender/ father's/husband's name of the following EPF member in EPFO records as furnished below.

Member ID : **UAN** :

Description		Present Entries / Wrong Details		Proposed Changes/Correct Details (as per Aadhaar)	
Name of Member					
Date of Birth	Gender	DD-MM-YYYY	Gender	DD-MM-YYYY	Gender
Father's/Husband's name					

In support of our request the revised **Form No.5** alongwith attested Xerox copies of Aadhaar and relevant certified document(s) of the following **as proof** are enclosed herewith for necessary action.

- ☑ 1. **Aadhaar Card – No:** **Aadhaar Regd. Mobile No:**
- ☐ 2. Certificate issued by Registrar of Birth & Death.
- ☐ 3. Any School/Education related Certificate.
- ☐ 4. Passport.
- ☐ 5. PAN Card.
- ☐ 6. Gazette Notification for Change of Name / MRC / Legal document for change in name.
- ☐ 7. Voters Identity Card.
- ☐ 8. Driving license.
- ☐ 9. ESIC Identity Card.
- ☐ 10. Bank Passbook copy.
- ☐ 11. Ration card.
- ☐ 12. Certificate based on the service records of the Central/State Government Organization.

(Please tick (✓) relevant certified documents which are enclosed with this joint declaration)

We also hereby declare that the above information is true and correct, and in the event of false information, we may be held liable for legal action under the provision against any loss or damage consequent to this declaration.

We hereby put our signature, on _____ day of _____, _____ at _____.

Encl: As above.

Yours faithfully

(Signature of Employee/Claimant)
(Name: _____
Mobile No: _____

(Signature of Employer)
Designation with Official Seal & Stamp

Form No. 5

Revised

THE EMPLOYEES' PROVIDENT FUNDS SHEME, 1952 (Paragraph 36(2) (a)
& EMPLOYEES PENSION SCHEME, 1995 (Paragraph 20(2))

Return of Employees' qualifying for membership during the month of _____- _____

Name and Address of the Establishment: _____

_____

Code No. of Establishment: _____

Sl. No.	Account No.	Name of employee (in block letters)	Father's name or Husband's name (in case of married women)	Date of Birth	Sex	Date of Joining the Fund	Total period of previous service as on date of joining the fund (Enclose Scheme certificate if applicable)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Date:

Signature of the employer or other authorized Officer
of the Establishment & Stamp of the Establishment

Form No. 10

THE EMPLOYEES' PROVIDENT FUNDS SHEME, 1952 (Paragraph 36(a) & (a)
& EMPLOYEES PENSION SCHEME, 1995 (Paragraph 20(2))

Return of the members leaving service during the month of _____- _____

Name and Address of the Establishment: _____

_____

Code No. of Establishment: _____

Sl. No.	Account No.	Name of employee (in block letters)	Father's name or Husband's name (in case of married women)	Date of leaving service	*Reason for leaving service	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Date:

Signature of the employer or other authorized Officer
of the Establishment & Stamp of the Establishment

* **Please specify a valid reason for leaving service**:
RETIREMENT (**R**), DEATH IN SERVICE (**D**), SUPERANNUATION (**S**),
PERMANENT DISABLEMENT (**P**), CESSATION (SHORT SERVICE) (**C**),
DEATH AWAY FROM SERVICE (**A**)