

Date : _____

To,
The Regional P F Commissioner,
EPFO, Regional Office
Vadodara

// JOINT DECLARATION / UNDERTAKING //

Subject: Correction in Name of Member/ Father/Spouse/Date of Joining/Date of Leaving/other of
Member bearing EPF Account No. VD/BRD/_____/_____(UAN:_____). reg.

Dear Sir,

I, _____ employee / ex-employee
of M/s _____ bearing Member ID
VD/BRD/_____/_____ (UAN:_____) furnishing below herewith correct
details during my service with aforesaid establishment.

Particulars	Correct Details	Details in EPF Records*
Name		
Gender		
Father's Name		
Husband's Name [in case of married female member]		
Date of Birth (DD/MM/YY)		
Date of Joining		
Date of Leaving		
Aadhaar		
Others		

** Details in this columns to be filled as appearing in Unified Employer Portal/ Unified Member Portal*

We both undertake all the responsibilities if any wrong payment made due to correction/change in name of the Member/Father/Spouse/Date of Birth/Date of Joining/Date of Leaving/others of the member and it is certified that nobody will claim of the same PF Account Number in future.

(Member Signature)

(Signature of the employer / authorized person with name and designation)

Documents Enclosed (Please tick Appropriate)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Aadhaar (Mandatory) _____ | <input type="checkbox"/> Passport |
| <input checked="" type="checkbox"/> Pan Card (Mandatory) _____ | <input type="checkbox"/> Marriage Certificate for post marriage name correction. |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> School Leaving Certificate /Education Certificate for DOB |
| <input type="checkbox"/> Form 5 for DOJ Correction | <input type="checkbox"/> Certificate of Medical Board for Date of Birth |
| <input type="checkbox"/> Form 10 for DOL Correction | <input type="checkbox"/> Indemnity Bond/Affidavit for Father Name Correction |