

Form is available free of cost.

Employees Provident Funds Scheme, 1952

Form 20

Employer's Tel. No.	:	_____
Member's or Contact Tel. No.	:	_____
Inquiry Tel. No.	:	27542251

A/c. Gr. No. _____

Regin. No.

(For Office use only)

- Form to be used (1) by the guardian of minor/lunatic member.
Or (2) by a nominee of legal heir of the deceased member.
Or (3) by the guardian of the minor/lunatic nominee of heir.

For claiming the provident Fund accumulation of minor/deceased member.

(Note : Read the instructions carefully before completing this form)

PARTICULARS OF MEMBER

1.

- Name of the member (in Block Letters)
- Father's / Husband's Name.
- Name & Address of the Factory/Establishment in which the member was last employed.
- Account No.

GJ	_____	_____
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- Date of leaving service.
- Reason for leaving service.
- Date of death of the Member (in case of Deceased member)
- Marital Status of the member on the day of death.

PARTICULARS OF THE CLAIMANT

2. To be filled in by a Major Nominee / legal Heir / Member of the Family of the deceased Member.

- Name of the claimant (in Block Letters)
- Father's / Husband's Name
- Sex
- Age (as on the date of death of the member)
- Marital status (as on the date of death of Member) i.e. Unmarried, Married, Window or Widower
- Relationship with the deceased member

3. To be filled in by the Guardian / Manager of Minor / lunatic Member / Minor / Nomineess(s) of the Legal Heir deceased Family Member(s) member.

- Name of the claimant (i.e. Guardian)
- Father's / Husband's Name
- Relationship with the member / deceased member

3. A. Particulars of Minor/lunatic Nominee(s) legal heir(s) Family Member(s) on whose behalf the Provident Fund amount is claimed.

S. No	Name	Sex	Age	Religion	Relationship	
					Relationship with the deceased member	With guardian
1.						
2.						
3.						
4.						

Delete, if not applicable.

4. Claimants Full Postal Address (in block letters) Shri/Smt. _____
S/o, W/o, H/o, D/o _____ Pin _____

5. 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 in item No. 4 above

(b) S. B. Account No. by account payee cheque sent direct for
credit to my S. B. A/c. (Scheduled Bank /
Co-op. Bank / P. O.) under intimation to me

Name of the Branch _____

Full Address of the Branch _____ (Advance stamped Receipt furnished below)

Certificate : (1) to the best of my knowledge no posthumous child will be born to the deceased member.

(2) I Certify that the particulars given above are true to the best of my knowledge.

I certify that the minor(s) Lunatic Shri/Smt. _____
is living with me and is being Supported and looked after by myself and the Provident Fund money claimed on behalf of minor/lunatic will be spent in his/her best interest and benefits.

I certify that minor member has not been employed in any Factory/Establishment to which the act applies for a continuous periods of not less than 2 months immediately preceding the date of this application.

Enclosures _____

Date _____

Signature of Left/Right/hand thumb impression of the claimant

delete, If not applicable

Contribution for the Current Financial year

Month	Amount of wages	Worker's Shares	Employer's Share		No. of days/period of non-contributing service(if any)
		E.P.F.	E.P.F.(difference between 10% & 8 1/3% OR 12% & 8 1/3% as the case may be)	PENSION FUND Contribution 8.1/3%	
1	2	3	4	5	6
April					
May					
June					
July					
Aug.					
Sep.					
Oct.					
Nov.					
Dec.					
Jan.					
Feb.					
March					
Total					

Advance stamped receipt

(To furnished only in case of 5 (b) above)

GJ _____

Received a sum of Rs. _____ (Rupees _____) from Regional Provident Fund Commissioner / Officer in Charge of sub Regional Office _____ Gujarat State. By deposit in my Saving Bank Account towards the settlement of Provident Fund account of Shri/Smt. _____

The Space should be left blank which shall be filled in by RPFC / Office – in Charge of S.R.O

Affix Rs.1.00 Revenue Stamp

Signature or Left/Right hand thumb impression of the claimant

CERTIFICATE BY THE ATTESTING AUTHORITY

Certified that the facts stated above are correct, Certified that the claimant Shri/Smt/Kumari. _____ is known to me and has signed/thumb impressed before me

Signature of the employers or any authorized officer with Designation & Seal

(For the use of commissioner's office)

Account settled in part / Full Entered in form 21A/24/2/6A & withdrawal Register.

Clerk

S.S.

(Under Rs. _____
P.I.No. _____ M.O./Cheque/Account No. _____ Section _____
Passed for Payment for Rs. _____ (in word) Rs. _____
M. O. Commission (if any) Rs. _____

Net amount to be paid by

M. O. Date

A.A.O./A.C.

(For use in Section)

Paid by Inclusion cheque No. _____ Date _____
vide Cash book (bank) Account No. 3 Debit item No. _____

S.S.

A.C.

R.C.

Remarks