

### भारत सरकार GOVERNMENT OF INDIA



प्रौनिल्डा जॉन डिसोझा Prounilda John Dsouza जन्म वर्ष / Year of Birth : 1993 स्त्री / Female



5847 4384 0560

आधार — सामान्य माणसाचा अधिकार

# आयकर विभाग

INCOME TAX DEPARTMENT
PROUNILDA JOHN DSOUZA

**JOHN LOUIS DSOUZA** 

03/02/1993

Permanent Account Number

BRJPD4653F





## भारत सरकार GOVT. OF INDIA







#### Composite Declaration Form -11

(To be retained by the employer for future reference)

### EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)
(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

					T				
1	Name of the member	Name of the member			Pı	Prounilda D'souza			
2	Father's Name Spouse's Name				John Louis D'souza				
3	Date of Birth: ( DD /	MM/YYYY)				3-02-1993			
4	Gender: (Male/Fema	Gender: (Male/Female/Transgender)				ale			
5	Marital Status: (Marr	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)			Uni	married			
6	(a) Email ID: (b) Mobile No.:			prounildad@gmail.com 99301057624					
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)				25th September				
	KYC Details: (attac	h self attested co	pies of follow	ring KYCs)		NA			
8	a) Bank Account No. : b) IFS Code of the branch:				124701507623 ICICI0001247				
	c) AADHAR Num				584	584743840560			
	d) Permanent Account Number (PAN), if available				BRJ	BRJPD4653F			
9	Whether earlier a me 1952		Yes / No No						
10	Whether earlier a mo	ember of Employ	ees' Pension	Scheme, 1995	1	N	riges / No		
	Previous employme				Un-exempted				
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (DD/MM/ YYYY)	Date of exit (DD/MM/ YYYY)	Scheme Certificate No. (if issued	PPO Number (if issued)	Non Contributory Period (NCP) Days	
11	Black T	urtle NA	NA	June 20	Sept 16 2019	24th	NA	NA	
	Previous employment details: [if Yes to 9 AND/OR 10 above] — For Exempted Trusts								
12	Name & Address of the Trust		UAN	Member EPS A/c Number	Date of joining (DD/MM/ YYYY)	Date of exit (DD/MM/ YYYY)	Scheme Certificate No. (if issued	Non Contributory Period (NCP) Days	
	N	IA							
	a) International Worker:				Yes / No				
13									
	<ul><li>b) If yes, state cou</li><li>c) Passport No.</li></ul>		NA NA						
	•					NA			
	d) Validity of pas		NA						

	a)	International Worker:	Yes / No
13	b)	If yes, state country of origin (India/Name of other country)	NA
	c)	Passport No.	NA
	d)	Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	NA

#### UNDERTAKING

Signature of Member

Prounilda D'souza

Signature of Employer with Seal of Establishment

l)	Certified that the particulars are true to the best of my knowledge.
21	Lauthoriza EPEO to use my Andhar for verification/authentication/e-KVC number for service deliver

- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account.
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

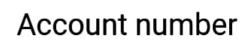
Date: Place:

Date: 30-3-2020

	DECLARATION BY PRESENT EMPLOYER
A.	The member Mr/Ms/Mrs Ms. Prounilda D'souza has joined on 25th September and has been NA and UAN NA
В.	In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:  Please Tick the Appropriate Option:  The KYC details of the above member in the UAN database  Have not been uploaded  Have been uploaded but not approved  Have been uploaded and approved with DSC/e-sign.
C.	<ul> <li>In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:</li> <li>Please Tick the Appropriate Option:         <ul> <li>The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on portal.</li> <li>The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.</li> </ul> </li> </ul>

<sup>\*</sup>Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.





124701507623

**Bank Name** 

**ICICI BANK** 

**Account Type** 

**Savings** 

Account holder's name

**PROUNILDA DSOUZA** 

**Communication Address** 

B-202,B WING CO OP HOU SOC,,ISHAN FLR, KAKASAHEB GADGIL ,PRABHADEVI,MARG KHED GALI MUMBAI, MAHARASHTRA 400025

Mobile number

XXXXXX5624

Email-ID

XXXXXXXX@GMAIL.COM