

Employees Provident Fund Scheme Form 19

Paragraph 72(5) of Employees' Provident Funds Scheme, 1952

Form to be used by a Major Member of Employees' Provident Funds Scheme, 1952 for Claiming the Employees' Provident Fund Dues :

(Refer to Instructions)

1. Name of the member (in Block Letters)
2. Father's Name (or husband's name in the case of married woman)
3. Name and address of the Factory/Establishment in which the member was last employed
4. Account No.
5. Date of leaving service
6. Reason for leaving service
7. Full Postal Address (in Block Letters)
Shri/Smt/Kumari
- S/o. W/o.....
- PIN
- Put a 'tick' in the box against the one opted (3)
 to the address given against item No. 7
 S.B. A/c No. in figure
- In worth.....
- Name of the Bank.....
- Branch.....
- Full Address.....
8. Mode of Remittance
- (a) by postal money order at my cost
- (b) by account payee cheque sent direct to credit to my S.B./A/c (Scheduled Bank/P.O.) under intimation to me.

(Advance Stamped Receipt furnished below)

Certified that the particulars are true to the best of my knowledge.

Date of Joining the Establishment

Date of Leaving Service.....

Contribution for the current financial year

Month.....		Contribution.....		Period		Month.....		Contribution.....		Period	
Employ ee	Employ er	Total EPF FP	of break if any	Employ ee	Employ er	Total EPF FP	of break if any	Employ ee	Employ er	Total EPF FP	of break if any

(Information to be furnished by the employer if the claim form attested by the employer)

Certified that the above contributions have been included in the regular monthly remittance.

The applicant has signed/thumb impressed before me.

.....
Signature of the employer or authorised Official

.....
Signature of left/right
Thumb impression of the
member

Advance Stamped Receipt

Received a sum of Rs* (Rupees*)
From Regional Provident Fund Commissioner/Officer-in-Charge of Sub-Regional Office..... deposit in my Savings Bank Account towards the settlement of Provident Fund Account.

* The space should be left blank which shall be filled in by Regional Provident fund Commissioner/Officer-in-charge of S.R.O.

Affix 1
ruppes
Revenue
Stamps

Signature of left/right hand thumb
impression of the member

(For the use of Commissioner's Office)

A/c. settled in part/Full Entered in
F-21-A/224/29 Withdrawal Register.

Clerk

Head Clerk

(P.I. No.) (M.O./Cheque).....
Account No. (Section)..... Under Rs.....
Passed for Payment of Rs. in words)

M.O. Commission If any) Net Amount to be paid by M.O.
--

Accounts Officer
Date

Paid by inclusion in Cheque No. dt.....
Vide Cash Book (Bank) Account No. 10 Debit Item No.

H.C.

AC/RC

Remarks

Acknowledgment Card

Account No.

EPFO

Office of the RPFC/Officer-in
Charge of Sub-Regional Office

Acknowledgement

Received the following claims.
EPF
FPF
IF

Registration No.
Date Office Seal.....
.....
.....

In case, no intimation is received within a
Month, you may write to the complaints
Officer, Employees' Provident fund duly

Postcard

Postage
Prepaid

quoting the Registration Number and your
Provident Fund Account Number

.....
PIN.....

Employees' Provident fund Organisation

Office of the Regional Provident Fund Commissioner/ S.R.O.
..... (Full Address).....

Instruction for filling up the applications (Form 19 & 10-B)
(For the guidance of applicant only. Not to be sent alongwith the claims)

1. All the columns on the form should be filled in completely in ink, without any overwriting.
2. Against the column reason for leaving service indicate the one applicable.
 - (a) Retired from service after attaining the age of 55 years/attained the age of 55 years.
 - (b) Retired on account of permanent and total incapacity for work due to Bodily / Mental infirmity
 - (c) Retired under voluntary retirement scheme.
 - (d) Migrating from India for permanent settlement abroad
 - (e) Leaving India at least for a year.
 - (f) Retrenched from Service
 - (g) Discharged from service on receiving compensation under the Industrial Disputes Act, 1947.
 - (h) Resigned not employed in any, factory to which the Employees' Provident fund Scheme applies.
3. "Full postal address", should be given clearly in Block Letters Since the M.O. & Payment intimation is to be sent to this address the name of the member and Father's (Husband's) should also be furnished in this column correct postal address including pin code will enable the Commissioner to make prompt payment to the correct payees.
4. It was advisable to have the payment by cheque. For this purpose the account payee cheque will be sent direct to the Scheduled Bank in which the S.B. A/c is maintained under intimation to the member. This will expedite the settlement of the correct Payee.
5. The literate member should sign the application for, illiterate male member should affix his left hand thumb impression and illiterate female member should affix her right hand thumb impression and the fact should be clearly recorded below thumb impression.
6. If the claim is required to be submitted after completing the prescribed period (i.e. in case falling under items 2(g) and (h) above only, the

- declaration of non-employment in the application should be completed duly dated.
7. The claim application should be attested and forwarded by the employer under whom the member was last employed.
If the member is unable to send the application through the employer or duly attested by him for any reason whatsoever he may forward the claims duly signed in the presence of any one of the following authorised persons and get attested over his official seal.
(i) Magistrate; (ii) A Gazetted Officer; (iii) Post / Sub-Postmaster; (iv) President of the Village Union; (v) President of the Village Panchayat where if no Union Board; (vi) Chairman/Secretary/Member of the Municipal/District Local Board; (vii) Member of Parliament/-Legislative Assembly; (viii) Member of Central Board of Trustees/Regional Committee Employees' Provident Fund; (ix) Manager of the Bank in which the Savings Bank Account is maintained; (x) Head of any recognised educational institution; (xi) any authorised person as may be approved by the Commissioner.
 8. The following documents should be enclosed in support of the claim
If the member retired on account of permanent and total incapacity due to bodily or mental infirmity a medical certificate from the ESI or if the employee is covered under The ESI Scheme the Medical Officer designated by the Establishment should be attached.
In case of migration from India for permanent settlement abroad Visa, Passport, Journey ticket etc., should be sent for perusal and return.
 9. The member should also furnish the address in the acknowledgement card attached to the claim(s).
 10. Instructions to the employer before forwarding the claims.
Details of contribution in respect of the member for the current financial year should be furnished in the certificate portion, in case, the contribution is not already paid it should be remitted by separate challan and receipted triplicate challan should be enclosed to the claim.
 11. In support of claim under Employees' Family Pension Scheme, 71 the period of break in reckonable service (i.e. period for which EPF contribution is not payable) should be furnished if not already intimated through contribution card.
Note : If claim in Form 10-B EPF) along preferred S. Nos. 2,6 & 8 are not applicable.