SPMCIL EMPLOYEES’ PROVIDENT FUND TRUST

YOUR PROVIDENT FUND
A Members’ Handbook

Security Printing & Minting Corporation of India Limited
MESSAGE FROM C M D

Greetings to all members of the SPMCIL family!

I welcome all employees coming under the Social Security Scheme of Provident Fund hitherto being part of GPF of the Central Government.

If you had to decide on a single plan to assure yourself a comfortable retirement, what would you say it is? Your answer probably is a plan to save funds continuously and consistently. Hence the Corporation has formed a Provident Fund Trust to provide for a sound financial status for your retired life.

Very often, savings for retirement is the last item that a salaried person plans or even thinks about. That is why Provident Fund savings are important. In most cases, it is actually forced savings. But once the habit is formed it works to your advantage.

Let me give an illustration. If you contribute 12% of your emoluments every month, assumed emoluments being Rs 20,000 per month, to your PF account and the employer matches the sum, after first year you will have Rs. 53,099/- in your account, after 10 years you will have Rs. 9,80,702/-, after 20 years you will have Rs. 38,77,739/-, after 30 years you will have Rs.1,15,35,030/-, assuming the interest rate remains at 8.5% and you get a modest hike of 5% a year in your salary.

Today’s life provides the benefits of modernization and urbanization. At the same time this has resulted in radical socio-economic changes that have given rise to new conflicts and tensions consequent upon the erosion of age old family and fraternal security. The transition from agricultural economy to an industrial economy is accompanied by circumstances that necessitate Social Security for retired life.

We all have, probably, seen the movie Baghban. It shows dramatically the need for a retiree to have his own funds rather than being dependent on children.

I wish and pray for a comfortable and secured life for all fellow executives and employees.

Chairman & Managing Director

June 3, 2010
FIRST TRUSTEES OF SPMCIL EPF TRUST

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What is Provident Fund?

Provident Fund is a mandatory, tax-qualified, defined, contribution retirement benefit plan wherein equal contribution at the specified rate is made by the employer and the employee and the same is payable in lump sum on retirement.

Grow it!!
When you join SPMCIL – Nomination / Declaration/ Transfer In / Change in your Family

For New Entrants:

- Almost all employees will be new entrant to the Trust as they have been covered under GPF in the past.
- On becoming a member of the Scheme, fill in Form No 2, details of family particulars and nominations through your employer will send it to Trust.
- Declare previous employment details, if any, in Form No 11 to the employer.
- Rate of contribution payable by a member shall be @ 12% of his emoluments being his basic pay, DA and retaining allowance.
- A member may contribute statutorily over and above the prescribed rate of 12% but upto 100% of his above emoluments.

For Existing Members:

Provide through employer, any change in the family status, such as, -

- marriage
- additions / deletion in the family
- Legal adoption of a child

Change of nominee/s to be intimated in fresh Form No 2 through the employer.

If the member subsequently acquires a family, such nomination shall forthwith become invalid and the member should make a fresh nomination in favour of one or more persons belonging to his family.

Benefits and Facilities

Provident Fund, though meant for post retirement, yet entitles a member to various benefits & facilities such as withdrawals, advances, pensions, death insurance etc..

Transfer in

An employee may request for transfer to the credit of his account of his accumulations with his past employer. A request is to be made to the company in Form No 13(R).
**Do’s for a member:**

1. While joining an establishment, furnish details of previous employment if any, with previous Provident Fund A/C number and scheme certificate.

2. In case of existing Provident Fund/ Pension a/c, apply for transfer of previous account balance to the present account.

3. Execute Form No 2, with details of self, nominee/s for Provident Fund and Pension and details of family for forwarding to Employees’ Provident Fund Organisation by the employer. This forms the basis for settlement of claims.

4. Ensure that particulars furnished are correct in all respects and are complete.

5. Provident Fund is deducted at a statutory rate from the total wages being Basic, DA and retaining allowance if any.

6. If desirous of enhancing rate of contribution, inform the desire with the higher rate opted for to Employer in form prescribed and allow employer to deduct at enhanced rate from the wages.

**Don’ts for a member:**

Don’t give *false declaration* and *incorrect or inconsistent* particulars to employer and/or Employees Provident Fund Organisation.
Your Contribution

What is the mandatory rate of Provident Fund contribution by a member?

Rate of contribution payable by a member is @ 12% of his emoluments being his basic pay, DA and retaining allowance.

The contributions are credited in the month following the month of pay. For example contribution from March salary will appear as a credit in April.

What is the mandatory rate of Provident Fund contribution by the Employer?

Rate of contribution payable by the employer is equal to that of the member @ 12% of the emoluments of a member. Out of this 8.33% or Rs 541 (at present) whichever is lower is paid to EPFO towards contribution to EPS. Contribution towards EPS is to be made for the last time from the salary of the month in which the person attains the age of 58 years. The balance out of 12% is paid to the Trust towards Employers’ contribution to Provident Fund.

The present statute mandates that an employer and employee both contribute upto maximum emoluments of Rs 6500 per month. However, SPMCIL contributes on total emoluments without the ceiling.

Can a member make voluntary contribution to Provident Fund over and above 12%?

In case a member wants to contribute more than the mandatory rate, voluntarily he can do so at any rate he desires up to 100% of his emoluments. However, the employer does not contribute at the enhanced rate and contributes at the statutory rate of 12%.

Voluntary contribution is “Member’s” Contribution for all purposes. It earns the same rate of interest and is not kept separately from the mandatory contribution of the member.

Does the last contribution stop three months before retirement?

Contribution in the case of retiring employees continues till the last salary and does not cease three months prior to retirement.
Your Statement of Account

Annual Statement of account

After the close of each period of currency of contribution, annual statements of accounts will be sent to each member, within six months of the close of the year, through the unit. The statement of account in the fund will show:

- the opening balance at the beginning of the period
- amount contributed during the year
- the total amount of interest credited at the end of the period
- any withdrawal during the period and
- the closing balance at the end of the period.

Members should satisfy themselves as to the correctness of the annual statement of accounts and any error should be brought, through the employer, to the notice of the Trustees within 6 months of the receipt of the statement.

It is to be noted that the contributions are credited in the month following the month of pay. For example contribution from March salary will appear as a credit in April.
Withdrawals and Advances from your fund

Withdrawal for different Purposes with Conditions, Quantum and Documents required are detailed below:

**Purpose 1: Purchase of a dwelling site for construction of house thereon**

MEMBERSHIP OF THE FUND - 5 YEARS

**QUANTUM:** least of the followings

1. 24 months member’s Basic wages, DA and retaining allowance if any

2. Member’s own share of contribution together with employer’s share of contribution with interest thereon (reckoned upto the current month)

3. Actual cost towards acquisition of the dwelling site which includes the cost of stamp paper and registration charges

**CONDITIONS**

1. Site should be free from encumbrance

2. The site should be for the purpose of construction of a dwelling house thereon.

3. Purchase of a site for having a share in a joint property is not permitted.

4. If the site is mortgaged to an agency solely for having obtained the funds for the purchase of site it is not deemed as an encumbered property.

5. If the site proposed to be purchased is on a perpetual lease or a lease for a period of not less than 30 years it is not deemed as encumbered property.

6. If the site is held in the name of an ‘agency’ it is not construed as encumbered property

**DOCUMENTS REQUIRED**

1. Sale agreement deed of the present vendor or Power of Attorney with the member on Stamp paper.

2. Approved lay out or a certificate from the authority which approves the building plan to the effect that the site is fit for construction of a dwelling house.

3. Allotment order in case the purchase of site is from an agency.

4. **HEREDITARY PROPERTY:** - In the absence of title deed, the extract from Corporation, Municipal, Town Panchayat, Revenue authority etc. of the property Register giving description of the property, name of the owner, assessment of tax, tax receipt etc or any similar documents.

5. Non-encumbrance certificate as provided in Annexure-I.
**Purpose 2: Construction of dwelling house**

**MEMBERSHIP OF THE FUND - 5 YEARS**

**QUANTUM: least of the followings:**

1. 36 Months Member’s Basic wages, DA and retaining allowance if any

2. Member’s own share of contribution together with employer’s share of contribution with interest thereon.

**CONDITIONS**

1. The dwelling site of the proposed construction of house or house under construction is free from encumbrance

2. If dwelling site is mortgaged to an agency solely for having obtained funds for construction of a house, it is not deemed as encumbered property

3. If the site proposed to be purchased is on a perpetual lease or a lease for a period of not less than 30 years it is not deemed as encumbered property

4. Construction of a house on a site owned by the member or the spouse of a member or jointly by the member and the spouse is permissible.

5. If the site is held in the name of an ‘agency’ it is not construed as encumbered property.

**DOCUMENTS REQUIRED**

1. Title Deed of the site

2. **HEREDITARY PROPERTY** :- In the absence of title deed, the extract from Corporation, Municipal, Town Panchayat, Revenue authority etc. of the property Register giving description of the property, name of the owner, assessment of tax, tax receipt, etc or any similar documents.

3. If a member has availed or proposes to avail housing loan from any agency and the original document is lodged with them, a certificate for having deposited the original title deed of the member is accepted in lieu of the original.

4. Estimated cost of construction.

5. Non-encumbrance certificate as provided in Annexure-I.
**Purpose 3:** For completing/Continuing Construction of the house already commenced

**MEMBERSHIP OF THE FUND - 5 YEARS**

**QUANTUM:** least of the followings:
1. 36 Months of member’s pay and dearness allowance.
2. Member’s own share of Provident Fund contribution with employer’s share and interest thereon.
3. Cost of continuing/completing the construction.

**CONDITIONS**
1. The dwelling site of the proposed construction of house or house under construction is free from encumbrance.
2. If dwelling site is mortgaged to an agency solely for having obtained funds for construction of a house, it is not deemed as encumbered property.
3. If the site proposed to be purchased is on a perpetual lease or a lease for a period of not less than 30 years it is not deemed as encumbered property.
4. Construction of a house on a site owned by the member or the spouse of a member or jointly by the member and the spouse is permissible.
5. If the site is held in the name of an 'agency' it is not construed as encumbered property.

**DOCUMENTS REQUIRED**
1. Title Deed of the site
2. **HEREDITARY PROPERTY** :- In the absence of title deed, the extract from Corporation, Municipal, Town Panchayat, Revenue authority etc. of the property Register giving description of the property, name of the owner, assessment of tax, tax receipt, etc or any similar documents.
3. If a member has availed or proposes to avail housing loan from any agency and the original document is lodged with them, a certificate for having deposited the original title deed of the member is accepted in lieu of the original.
4. Estimated cost of construction
5. Non-encumbrance certificate as provided in Annexure-I.
**Purpose 4: For purchasing a dwelling House/Flat from Agency**

MEMBERSHIP OF THE FUND - 5 YEARS

**QUANTUM:** least of the followings:

1. 36 Months of member’s pay and dearness allowance.
2. Member’s own share of Provident Fund contribution with employer’s share and interest thereon.
3. Cost of house/flat.

**CONDITIONS**

1. The payment should be made direct to the agency

**DOCUMENTS REQUIRED**

1. Allotment letter or proposed allotment letter indicating the cost of house or flat and whether it is on outright or on hire purchase basis

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**Purpose 5: For purchasing a newly constructed/old dwelling house or flat from an individual including individual builder**

MEMBERSHIP OF THE FUND - 5 YEARS

**QUANTUM:** least of the followings:

1. 36 Months of member’s pay and dearness allowance.
2. Member’s own share of Provident Fund contribution with employer’s share and interest thereon.
3. Cost of house/flat.

**CONDITIONS**

1. House/Flat to be purchased should be free from encumbrance.
2. If the House/Flat is mortgaged to an agency solely for having obtained the funds for the purpose of house/flat, it should not be deemed as an encumbered property.

**DOCUMENTS REQUIRED**
1. Title deed of the Seller / Registered Sale agreement of the Vendor with the member on stamp paper.

2. If the House/Flat is mortgaged to an agency solely for having obtained the funds for the purpose of house/flat, it should not be deemed as an encumbered property.

3. Non-encumbrance certificate as provided in Annexure-I.

**Purpose 6: For purchasing house/flat on ownership basis from a promoter**

**MEMBERSHIP OF THE FUND - 5 YEARS**

**QUANTUM:** least of the followings:

1. 36 Months of member’s pay and dearness allowance.

2. Member’s own share of Provident Fund contribution with employer’s share and interest thereon.

3. Cost of house/flat.

**CONDITIONS**

1. House/Flat to be purchased should be free from encumbrances.

**DOCUMENTS REQUIRED**

1. Title Deed of the owner of the site on which the house or flat is proposed to be constructed, with whom the promoter has entered into an agreement and a registered copy of the said agreement.

2. Approved Plan for construction of house or flat by competent authority.

3. Registered agreement of the promoter with the member under the Indian Registration Act, 1908 for sale of flat or house.

4. Non-encumbrance certificate as provided in Annexure-I.

**Purpose 7: Additional withdrawal for additions/ substantial alterations or improvements necessary to the dwelling house owned by the member or by the spouse or jointly by the member and the spouse**

**MEMBERSHIP OF THE FUND:** After a period of 5 years from the date of completion of the dwelling house. If the member has not made any withdrawal earlier for construction of a house then 5 Years.
**QUANTUM:** least of the followings:

1. 12 Months Members’ Basic wages, DA and retaining allowance if any.
2. Member’s own share of contribution.
3. Cost of proposed work.

**DOCUMENTS REQUIRED**

1. Title Deed
2. Approval of appropriate authority for such alterations, additions, improvements etc
3. Estimated cost of the work
4. Non-encumbrance certificate as provided in Annexure-I.

**Purpose 8:** Further withdrawal for the purpose stated in the point 7 including repairs on the dwelling house owned by the member or by the spouse or jointly by the member and Spouse

**MEMBERSHIP OF THE FUND:** After 10 Years of withdrawal under point 7

**QUANTUM:** least of the followings:

1. 12 Months Members’ Basic wages, DA and retaining allowance if any
2. Member’s own share of contribution
3. Cost of proposed work

**CONDITIONS**

1. Approval of appropriate authority for such alterations additions etc,

**DOCUMENTS REQUIRED**

1. Title Deed of the house
2. Estimated cost of the work
3. Non-encumbrance certificate as provided in Annexure-I.

**Purpose 9:** Withdrawal from the fund for repayment of loans in special cases i.e. Repayment to State Govt/Registered Cooperative Society / State Housing Board, Municipal Corporation/Body
similar to Delhi development authority, Nationalised bank/Schedule Banks/ Public Financial Institutions.

MEMBERSHIP OF THE FUND: 10 Years

**QUANTUM:** least of the followings:

1. 36 Month member’s Basic wages and dearness allowances.
2. Own share of contribution together with employer’s share of contribution with interest.
3. Outstanding principal and interest of loan.

**CONDITION**

1. Undertaking from the agency that the amount would be credited to the member’s account.

**DOCUMENTS REQUIRED**

1. The member should produce a certificate obtained from the respective lending agency indicating the particulars of the member and the amount of loan i.e. Name father’s Name / Husband’s Name purpose for which loan granted details of housing property acquired out of the loan sanctioned amount of loan (principal) due date of refund, amt of loan /interest cleared and outstanding principal and interest on loan.

**Purpose 10: Grant of part final withdrawal on attainment of the age of 54 Years or within 1 year before actual retirement or superannuation whichever is later**

MEMBERSHIP OF THE FUND:

**QUANTUM**

1. 90% of the amount standing to the credit at any time after attainment of the age of 54 years

**CONDITIONS**

1. Year before his actual date of retirement on superannuation

**DOCUMENTS REQUIRED**

1. Confirmation of the date of Retirement of Member.
Purpose 11: Grant of advance in the case of closure or lockout/ non-receipt of wages for a continuous period of 2 months etc.

**QUANTUM**

1. Not exceeding member’s own share of contribution with interest thereon, subject that the amount of advance does not exceed the loss of wages sustained by the member.

**CONDITIONS**

1. The closure or lock out of the establishment/ factory should be for more than 15 days for reasons other than strike.

**DOCUMENTS REQUIRED**

1. A certificate of the employer for closure or lock-out or non receipt of wages.
2. In case of dispute between the employer and employee a certificate from the Labour Commissioner.

Purpose 12: Grant of further advance in case of closure or lock-out of establishment/ factory

**QUANTUM**

1. One or more recoverable advance Upto 100% of the employer’s share of contribution may be paid.

**CONDITIONS**

1. The establishment / factory continue to remain closed down or locked-up for more than 6 months for reason other than Strike.

**DOCUMENTS REQUIRED**

1. Certificate from the employer or from State Labour Department.
**Purpose 13:** Advance in cases where the member has challenged discharge/ Dismissal or retrenchment in the court of law, and the case is pending in the court of law

**QUANTUM**
1. Not exceeding 50% of the member’s own share of contribution with interest thereon

**DOCUMENTS REQUIRED**
1. The member should produce copy of the petition filed in the Court of Law. He should also certify that the case is pending in the Court of Law.

**Purpose 14:** Advance from the fund for illness of member and his family: -
(a) Hospitalisation lasting for one month or more or, (b) Major Surgical Operation in a Hospital or, (c) suffering from Tuberculosis (T.B.), Leprosy, Paralysis, cancer, Mental derangement or heart ailment and having been granted leave by his Employer for treatment of the said illness.

**QUANTUM:** least of the followings:
1. 6 months Member’s Basic wages, DA and retaining allowance if any.
2. Member’s own share of contribution with interest in the fund.
3. The amount asked for.

**DOCUMENTS REQUIRED**
1. Declaration as provided in Annexure-I.

**Purpose 15:** Advance from the fund for his/ her own marriage, the marriage of his/ her daughter, son, sister or brother

**MEMBERSHIP OF THE FUND:** 7 Years

**QUANTUM**
1. Not exceeding 50% of member’s own share of contribution including interest

**CONDITIONS**
1. Not more than 3 advances are admissible to a member during membership.

**DOCUMENTS REQUIRED**
1. Marriage invitation card or declaration as provided in Annexure-I.

**Purpose 16:** Post matriculation education of his/her son or daughter.

**MEMBERSHIP OF THE FUND:** 7 Years

**QUANTUM**

1. Not exceeding 50% of member’s own share of contribution including interest

**CONDITIONS**


2. A certificate regarding the course of study to be undertaken and the anticipated expenditure for the period of study from the head of the Educational Institution whether in India and abroad.

3. The advance is admissible irrespective of the fact the institution is recognized or otherwise

**DOCUMENTS REQUIRED**

1. Declaration as provided in Annexure-I.

**Purpose 17:** Grant of advance where the movable or immovable property of the member has been damaged by a calamity of exceptional nature such as floods, earthquake, or riots.

**QUANTUM:** least of the followings:

1. Rs. 5000/- or 50% of member’s own share of contribution including interest thereon

**CONDITIONS**

1. The State Government has declared that the calamity has affected the general public in the area.

2. The Notification / Press Release issued by the State government should be referred to before the sanction of advance.

**DOCUMENTS REQUIRED**

1. A copy of the notification issued by the State Government declaring that the calamity has affected the general public of the area.

**Purpose 18:** Advance to members affected by cut in the supply of electricity

**QUANTUM:** least of the followings:
1. One month wages
2. Rs. 300
3. Own contribution with interest thereon.

**DOCUMENTS REQUIRED**
1. Notification issued by State Government regarding the cut in supply of electricity specifying the area

**Purpose 19: Grant of advance to members who are physically handicapped**

**QUANTUM:** least of the followings:
1. 6 months member Basic wages plus DA
2. Own share of contribution with interest
3. Cost of equipment

**CONDITIONS**
1. The member to produce a Medical Certificate to the effect that he is physically handicapped and he requires _____________(name of the equipment to be specified) to minimize the hardship on account of handicap
2. No second advance should be allowed within a period of three years from the date of authorization of earlier advance

**DOCUMENTS REQUIRED**
1. Medical Certificate to the effect that he is physically handicapped and he requires _________________(name of the equipment to be specified) to minimize the hardship on account of handicap.

**Purpose 20: Financing of Member’s Life Insurance Policies**

**QUANTUM**
1. Premium Due

**CONDITIONS**
1. Payment shall be made on behalf of the member to the Insurer towards premium due on his policy.
2. Payment shall be made out of and debited to the member’s own contribution with interest thereon standing to his credit in the fund

3. No such payment shall be made unless the premium is payable yearly.

4. No payment shall be made unless the member’s own contribution in his provident fund account with interest thereon is sufficient to pay the premium and where the payment is to be made on the first year premium, balance is sufficient to pay the premium for two years.

5. No Payment shall be made towards a policy unless it is legally assignable by the member

6. No educational Endowment policy or Marriage Endowment policy shall be financed from the fund, if such policy is due for payment in whole or in part before the member attains the age of 55 years.

**DOCUMENTS REQUIRED**

1. Copy of Insurance policy

**Purpose 21: Refundable withdrawals**

The Trustees may on an application from Member authorise payment of refundable withdrawal from the Members account for the following expenses

**QUANTUM**

1. In connection with a serious or prolonged illness or a disability of the member or any person actually dependent on him, including where necessary, traveling expenses of the member or any person actually dependent on him.

   3 months pay or 50% of balance in member’s accounts whichever is lower.

2. In connection with the cost of higher education, including where necessary, the traveling expenses of the member or any person actually dependent on him in any of the following cases, namely: -

   (a) For Education outside India for an academic, technical, professional or vocational course beyond the High School stage

   (b) For any medical, engineering or other technical or specialized course in India beyond the high school stage, provided that the course of study is for not less than three years.

   3 months pay or 50% of balance in member’s accounts whichever is lower.

3. In connection with the marriage or other ceremonies of himself or of his children or of his dependent parents, sisters and brothers.

   The condition of actual dependence shall not apply in the case of the children of the member

   6 months pay or balance in member’s account (whichever is lower)

4. To pay obligatory expenses which by customary usage the member has to incur in connection with marriages of his relatives like, sisters, brothers, nieces, nephew etc. Nephew/ niece are son/ daughter of members’ or member’s spouse’s brother/sister

   3 months pay or 50% of balance in member’s accounts whichever is lower.
5. To pay for the cost of passage to a place out of India of the member or any member of his family.

    3 months pay or 50% of balance in member’s accounts whichever is lower.

6. In any other case wherein the Chairman of Board of Trustees is satisfied that considering the peculiar circumstances withdrawal is justified.

    3 months pay or 50% of balance in member’s accounts whichever is lower

**DOCUMENTS REQUIRED**

1. Declaration as provided in Annexure-I.

**Note:**

1. Where withdrawal is allowed in connection with marriages in (3) above the amount withdrawn shall be recovered in not more than 25 monthly installments and for any other purpose the amount withdrawn shall be recovered in not more than 24 monthly installments. It shall bear interest thereon subject to a maximum of 2% over and above the rate of interest paid to members.

2. The employer shall deduct the installments aforesaid from the member’s salary/wages and remit to the Trustees of the fund. These deductions shall commence from the second monthly payment of wages/salary made after the withdrawal or in case of an employee on leave without pay from second monthly payment of salary made after his return to duty.

3. No second withdrawal shall be permitted until payment to the exiting withdrawal has been recovered in full.

**What are the consequences if the Amount Withdrawn is not Utilized for the purpose for which it was drawn?**

In any amount withdrawn was actually not spent for the specified purpose, recovery of the amount withdrawn shall be made with interest at 2% p.a. over and above the existing rate from the pay of the member.

Further, the amount of the withdrawal shall be added to the total income of the employee for the year in which the withdrawn amount is finally held not to have been utilised for the purpose for which it was withdrawn.

**What are the consequences if there is default in repayment?**

In case of default in repayment of installment due the amount of the withdrawal shall be added to the total income of the employee for the year in which the default occurs.
When may another refundable withdrawal be requested?

Second Refundable Withdrawal shall not be permitted before repayment of the first withdrawal together with interest has been completed.

What are the consequences of not submitting the requisite documents assured during submitting Declaration?

It is required to submit documents within two months of grant of advance/withdrawal. In case it is not submitted or documents are not found to be unacceptable then a penalty of 2% on sanctioned amount may be levied.

Your Provident Fund - Grow it!!
Your Final Withdrawal - Retirement / Settlement / Payment to nominee / Transfer Out

Withdrawal of accumulations from the Fund by the members:

Circumstances in which accumulations in the Fund are payable to a member:
A member may completely withdraw the amount that has accrued in his account if:

- He retires from service.
- He retires – god forbid – because of permanent and total debilitation. This could be either mental or physical, but must be ‘permanent and total’ - the scheme distinguishes between partial and total disabilities.
- His services are terminated from the company.
- He chooses to terminate his services under a voluntary retirement scheme.
- He joins an establishment that does not participate in the PF scheme.
- He can withdraw up to 90 per cent of the amount in his credit in the year before he retires.
- He resigns from service. In such a case settlement can be done only after a waiting period of two months from the date of resignation.

However, for members going abroad, settlements can be done immediately.
Also, settlements are immediate in case of female members who resign from the services for the purpose of getting married.

Pension entitlement
Member is entitled to pension benefit on claim on attainment of the age of 58 years.

Payment on the death of a member
On the death of any member payment shall be made to the nominee/s as per share indicated in the nomination form.
If no nomination subsists payment shall be made as per succession certificate issued by a Court of law.

Income Tax Provisions and Deduction of Income Tax
Income Tax is deducted at Source on settlements on resigning from service when a member has not rendered continuous service with the employer for a period of five years.

However, if an employee brings in a transfer from GPF or another approved Provident Fund Trust or RPFC then the service rendered with such an ex-employer is included in computing the period of continuous service. Hence where transfer in is received from GPF, the service will be reckoned from the date of membership of GPF.

Transfer of Provident Fund Accumulations to other Provident Funds
A member may request for transfer of his accumulations in SPMCIL EPF Trust to another approved fund on leaving SPMCIL. A request is to be made to the company in Form No 13(R) through the present employer.

Withdrawal within one year before the retirement
A member is permitted withdrawal of upto 90 percent of the amount standing at his credit within one year before his actual retirement on superannuation.
How is your application processed?

Following three flowcharts have been prepared to depict the flow of application and release of payment to the members:

- First flowchart depicts how application for EPF loan/withdrawal and settlement shall move from member to helpdesk at unit and then to the designated official of unit.
- Second flowchart shows how application for EPF loan/withdrawal and settlement shall move from helpdesk at corporate office to Officer (F&A) and then to trustees for final approval. It also shows how DDs shall be prepared and sent to unit and their accounting at corporate office.
- Third flowchart depicts how application for EPF loan/withdrawal and settlement is dealt by helpdesk at unit like balance confirmation, supporting documents etc.

In these flowcharts, following abbreviations have been used:

- AO- Accounts Officer.
- AAO- Assistant Accounts Officer.
- AM- Asstt. Manager.
- DDO-Drawing and Disbursing Officer.
- DD- Demand Draft.
- DGM- Deputy General Manager.
- FA&CAO-Financial Advisor & Chief Accounts Officer.
- JAO- Junior Accounts Officer.
- GM- General Manager.

Wherever officials of the level indicated in the flowchart are not available, unit may depute equivalent level of officials to discharge the stated responsibilities.
Member with Application

Concerned Desk Accountant
Collects application, diarise it

Help Desk of SJC
Balance Confirmation, Enter Form in System, ensure compliance to rules

Head Clerk
JAO/AAO/AO
To put up to designated officer of the employer for recommendation of the case or return for

Trustees’ designated unit official
(DDO/ FA & CAO /DGM/ GM)
To recommend, unit help desk to collect and send it to HQs

From Trust
To Trust
1. Match with master list.
2. Forms rechecked for Eligibility, Documents & Recommendation
3. Put up to Officer-F&A, for further submission to trustees

Trustees’ Authorisation for payment, preparation of cheques/DDs, Cheque / Funds Transfer Advice prepared Cheque / Funds Transfer Advice signed by Trustees’

Entry in accounts

Cheque Courier to HD

Transfer advice to bank

HD to enter payment details in Register.
1. Desk Accountant gives forms to Helpdesk either with list under receipt or individually.
2. If individually, make entry in Manual Index Register at Unit Helpdesk stating S No, Date, Code, Employee Name, EPF No, Purpose, Amount, Member’s Sign and countsign the register.
3. Process the form and obtain recommendation from Trustees’ designated unit official.
4. Make soft list of forms for each payment cycle and send to Trust for authorization and payment.
5. Scan and email also the Manual Index Register sheets to Trust. Courier / post hard copy original forms with print of soft list to Trust on dates specified for the unit.
6. POD No and date sending to Trust to be entered in Manual Index Register.
7. Urgent cases to be on scanned and sent daily.
8. Details of payments on receipt to be noted in the same register on receipt from Trust.
9. Cheques against claims to be handed over under receipt in Manual Index Register / copy of list at 1 above.
10. All acknowledgements / receipts to be kept securely at unit.
11. Payment Details to be filled later.
FAQ – Frequently Asked Questions

1) What is nomination?

Every member has to give the details of himself & details of the nominee for Employees' Provident Fund & Employees' Deposit Linked Insurance Schemes and details of family for Employees Pension Scheme, 1995 in Form no. 2.

A member if having a family can nominate any one or more persons to receive the Provident Fund on his death. In case of him having no family he can nominate any other person whether related to him or not or even to an institution.

Family for the purpose of Employee Provident Fund Scheme 1952 means wife/husband, children, whether married or unmarried, including adopted children, if adoption is recognized, and dependant parents of member.

Employees Deposit Linked Insurance Scheme benefit is available on the death of the member while in service. The nominee or any other person entitled to receive the Provident Fund benefits will, in addition to the Provident Fund, receive the Assurance Benefit under Employees' Deposit Linked Insurance Scheme. On death of a member his Nominee can claim for EDLI Benefit.

Maximum amount payable is Rs. 60,000/- A member has to have the required minimum amount in the PF account of Rs.1,000/- to avail this facility

2) Is there any need to submit fresh nomination by employees on becoming a member of the EPF Trust?

Yes, a fresh nomination in Form No 2 is required to be made. The earlier nomination was not for the purpose of EPF and EPS under the EPF & MP Act, 1952.

3) Is employee the only beneficiary of Fund?

Benefits are paid to him/her. Only on his/her absence the benefits are payable to his/her family.

4) What is meant by Family?

Family means employees' spouse and children below 25 years of age whether married or unmarried, including adopted children, if adoption is recognized, and dependant parents of member.

5) Suppose an employee does not have a Family and he/she dies before receiving benefit. Who will get the pensionary benefits?

No, if he/she does not have a family, benefits will be paid to his/her nominee.

6) Suppose member has not nominated anyone.

The pension will be paid to the dependent parents.

7) Can member change his/her nomination?
He/She can change his/her nomination whenever he/she decides within the framework of rules for such nomination. In other words if he/she has a family, nomination should be in favour of a member(s) of the family. If he/she has no family he/she can nominate anyone he/she wishes for Provident Fund and EDLI benefits.

8) Whether Payment from Fund may be claimed by a member’s Representative?

No person or persons on behalf of a member or in respect of a member’s interest in the Fund or assets thereof shall be entitled to claim any payment of money from the Fund.

9) Is a member permitted to transfer or assign his share in the Fund?

No member is permitted to transfer or assign whether by way of security or otherwise his interest or any part thereof in the moneys lying to his credit in the Fund and no such transfer or assignment shall be valid and the Fund shall not recognize or be bound by notice to them of any such transfer or assignment.

10) Who will be covered by the Pension Scheme?

Every member of the ceased Family Pension Fund 1971 and anyone who is a member of SPMCIL EPF Trust compulsorily joins this Scheme.

11) How many years service is required to be eligible to receive member pension?

Minimum 10 years eligible service will entitle member for pension.

12) Employee is a member of Employees’ Pension Scheme. He has left employment at 48 yrs. of age and 8 yrs. of service. When shall he receive his pension?

He can take either withdrawal benefit or can take scheme certificate so that the 8 years service can be added to any future service that he may put in, in any other covered establishment. By virtue of being a holder of a scheme certificate, if the member dies before 58 years widow / widower and children shall be entitled for pension.

13) What would be the minimum pension for widow or children?

Minimum widow pension is Rs. 450/- and child pension is Rs. 150/- per child upto two children. Entitlement of children for pension ceases on the child attaining 25 years of age.

14) When does an employee become eligible to become a member of Employees' Provident Fund Scheme, 1952 and Employees' Deposit Linked Insurance Scheme, 1976?

An employee becomes a member of Employees Provident Fund (Employees' Provident Fund) Scheme, 1952 / Employees Deposit Linked Insurance (Employees' Deposit Linked Insurance) Scheme, 1976 immediately on joining an establishment covered under the Employees Provident Funds & Miscellaneous Provision Act, 1952.

15) What is the rate of interest on Provident Fund accumulations? Will it vary every year?

The rate of interest since April 1, 2005 is 8.5% per annum and may vary from year to year as determined by the Central Government.
Statutory Provisions
Statutory provisions to have overriding effect

In the absence of any specific provision in SPMCIL EPF Trust Rules or if any provision therein is less beneficial than the corresponding provision of the Employees’ Provident Funds & Miscellaneous Provisions Act, 1952 and the Employees’ Provident Fund Scheme, 1952 framed there under, the latter provision shall prevail, *mutatis mutandis*.

Any changes under the Employees' Provident Funds & Miscellaneous Provisions Act, 1952 and the Employees' Provident Fund Scheme, 1952 framed there under shall have effect automatically in SPMCIL EPF Trust Rules. Further, where any provision in the rules conflicts with any provision of the EPF Scheme, 1952, the latter shall always be deemed to prevail.

Whether a particular rule is beneficial or not shall be decided by the Regional Provident Fund Commissioner whose decision shall be final.

Where the context so admits, the masculine shall include the feminine and the singular shall include the plural.

**DISCLAIMER**
The provisions in this booklet are based on SPMCIL EPF Trust Rules formed in October 2008. This booklet has been written in simple language for ease of understanding. However, in case of difference in interpretation of the provisions contained in this booklet, SPMCIL EPF Trust Rules shall prevail.

**Filling Forms**

Forms under the Rules of SPMCIL EPF Trust

<table>
<thead>
<tr>
<th>S NO</th>
<th>Form No</th>
<th>Purpose</th>
<th>Details of Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Form-2</td>
<td>Nomination</td>
<td>Details of self &amp; nominees for EPF, EPS and EDLI Schemes.</td>
</tr>
<tr>
<td>2</td>
<td>Form-11</td>
<td>Declaration</td>
<td>Declaration by a person taking up employment.</td>
</tr>
<tr>
<td>3</td>
<td>Form-31</td>
<td>Temporary Withdrawal/ Advances</td>
<td>Claim for temporary withdrawal or advance from Provident Fund.</td>
</tr>
<tr>
<td>4</td>
<td>Form-31 Declaration</td>
<td>Declaration</td>
<td>To be submitted with Form 31 in case of purchase of a house/dwelling site/reconstruction/addition/alteration of house.</td>
</tr>
<tr>
<td>5</td>
<td>Form-14</td>
<td>LIC Policy Financing</td>
<td>Financing of Life Insurance Policy out of Provident Fund.</td>
</tr>
<tr>
<td>6</td>
<td>Form-13</td>
<td>Transfer to / from Other Fund</td>
<td>To effect transfer of Provident Fund/Pension from one A/C to another.</td>
</tr>
<tr>
<td>7</td>
<td>Form-19</td>
<td>Final Settlement</td>
<td>Claim for final settlement of Provident Fund by a member.</td>
</tr>
<tr>
<td>8</td>
<td>Form-10-C</td>
<td>Pension Withdrawal</td>
<td>Claim of withdrawal benefit/scheme certificate under Employees’ Pension Scheme ’95.</td>
</tr>
<tr>
<td>9</td>
<td>Form-10-D</td>
<td>Pension</td>
<td>Claim for pension. (In duplicate if within state, In triplicate if outside state.)</td>
</tr>
<tr>
<td>10</td>
<td>Form – Pension LCNM</td>
<td>Certificate</td>
<td>Certificate by Pensioner.</td>
</tr>
<tr>
<td></td>
<td>Form-20</td>
<td>Final Settlement in case of Death of a Member</td>
<td>Claim for Provident Fund by nominee/legal heir on death of a member.</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>12</td>
<td>Form ASR</td>
<td>Advance Stamp Receipt.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Non Encumbrance certificate</td>
<td>Loan for Purchase/ construction of House</td>
<td>Declaration by a person for Purchase/ construction of House.</td>
</tr>
</tbody>
</table>

**Instructions for a member while filling Forms and sending applications**

**General:**

1. Use the appropriate form for claiming Provident Fund, Pension, withdrawal benefit /scheme certificate, etc.
2. Ensure that all columns of the application are filled completely and all requisite documents are attached to avoid rejection of claim.
3. Information in the application form relating to name, account number etc should agree with the details available with Employees' Provident Fund Organization which were furnished by the employer at the time of enrolling to Provident Fund.
4. Application should be signed by the member/claimant.
5. Claims should be attested by the employer / former employer for left employees. In case attestation by the former employer is not possible, it should be attested by any other authorized official specified for the application form.
6. Application for final settlement can be sent by a member only on completion of 2 months from the date of leaving service if the reason for leaving service is other than superannuation, retrenchment, VRS or female members getting married.
7. Mode of payment is through Bank. The amount will be sent or deposited in payees' bank account/c. To facilitate this, Bank account number, name and address of the bank should be furnished. An advance stamped receipt in Form ASR should also accompany the application.
8. Application may be supported by the return Form-10, showing the details of leaving service and details of contribution for the year in Form-3A, if not sent earlier by the former employer.

**Specific additional requirements:**

**A) Death cases:**

- Nominee/ legal heir should apply in Forms-20, Form-10D, Form-5IF.
- If the member has not executed any nomination, application should be supported by certificate of family members issued by employer/revenue official/ sworn in an affidavit by the family/member/ legal certificate from a court of law.
- Death certificate of the member.

If applicable, certificate of the employer stating that the death of member was while in service.

**B) Pension cases:**
• Joint photograph of member and spouse or the claimant should accompany the application.
• Details of non-contributory period during the service, wages/salary for last 12 months should also accompany, if not already sent.
• Details of the branch of the specified bank to be stated legibly.
• Date of birth certificates of children where applicable

In case of death away from service, an undertaking by the claimant to the effect that the member was not working / had not worked in any other covered establishment after exit from the establishment on the basis of which pension is being claimed.

Members’ Helpdesk

Members of the units shall interact only with the dealing assistant who looks after his payroll & loans. All forms etc shall be available in the labour office as per the prevailing practice.

Trustees will ensure the processing and release of payments of claim applications received from the units duly recommended by authorised person of the unit.

Release of payment to the members shall be done by the Helpdesk at Corporate Office.

Helpdesks at the units and at the Corporate Office are being maintained by:

M/s Sushil Jeetpuria & Co.
Chartered Accountants
204, Padma Palace, 86 Nehru Place, New Delhi - 110019
Tel.: 011-30605570, Fax: 011-26217313
E-mail : sjc@bpopioneers.com, spmcil@bpopioneers.com

Unit Helpdesk E-mail id’s are:

<table>
<thead>
<tr>
<th>S No</th>
<th>Unit Name</th>
<th>Email ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Corporate, Delhi</td>
<td><a href="mailto:epfdlcor@spmcil.com">epfdlcor@spmcil.com</a></td>
</tr>
<tr>
<td>2</td>
<td>SPM, Hoshangabad</td>
<td><a href="mailto:epfhospm@spmcil.com">epfhospm@spmcil.com</a></td>
</tr>
<tr>
<td>3</td>
<td>BNP, Dewas</td>
<td><a href="mailto:epfdebnp@spmcil.com">epfdebnp@spmcil.com</a></td>
</tr>
<tr>
<td>4</td>
<td>IGM, Hyderabad</td>
<td><a href="mailto:epfhyigm@spmcil.com">epfhyigm@spmcil.com</a></td>
</tr>
<tr>
<td>5</td>
<td>SPP, Hyderabad</td>
<td><a href="mailto:epfhyspp@spmcil.com">epfhyspp@spmcil.com</a></td>
</tr>
<tr>
<td>6</td>
<td>IGM, Kolkata</td>
<td><a href="mailto:epfkoigm@spmcil.com">epfkoigm@spmcil.com</a></td>
</tr>
<tr>
<td></td>
<td>Office Location</td>
<td>Email Address</td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>IGM, Mumbai</td>
<td><a href="mailto:epfmuigm@spmcil.com">epfmuigm@spmcil.com</a></td>
</tr>
<tr>
<td>8</td>
<td>CNP, Nashik</td>
<td><a href="mailto:epfnacnp@spmcil.com">epfnacnp@spmcil.com</a></td>
</tr>
<tr>
<td>9</td>
<td>ISP, Nashik</td>
<td><a href="mailto:epfnaisp@spmcil.com">epfnaisp@spmcil.com</a></td>
</tr>
<tr>
<td>10</td>
<td>IGM, Noida</td>
<td><a href="mailto:epfnoigm@spmcil.com">epfnoigm@spmcil.com</a></td>
</tr>
</tbody>
</table>
SPMCIL EMPLOYEES PROVIDENT FUND TRUST
FORM NO19
PROVIDENT FUND WITH DRAWAL

<table>
<thead>
<tr>
<th></th>
<th>Name of Member (In Block Letters) :</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Father’s Name (or Husband’s name in the case of married women) :</td>
</tr>
<tr>
<td>3</td>
<td>Unit Name :</td>
</tr>
<tr>
<td>4</td>
<td>P F Account No. :</td>
</tr>
<tr>
<td>5</td>
<td>Employee Code No. :</td>
</tr>
<tr>
<td>6</td>
<td>Date of Joining :</td>
</tr>
<tr>
<td>7</td>
<td>Date of leaving service :</td>
</tr>
<tr>
<td>8</td>
<td>Date of Birth :</td>
</tr>
<tr>
<td>9</td>
<td>Reason for leaving service :</td>
</tr>
<tr>
<td>10</td>
<td>Full Postal address (in block letters) :</td>
</tr>
<tr>
<td>11</td>
<td>PAN. No. (Mandatory) :</td>
</tr>
<tr>
<td>12</td>
<td>Mode of Payment : Put a tick { } in the box against the one opted</td>
</tr>
<tr>
<td>13</td>
<td>(a) By account Payee Cheque/DD sent directly to employee</td>
</tr>
<tr>
<td></td>
<td>(b) By account Payee cheque sent direct for credit to my S.B.A/c under intimation to me.</td>
</tr>
<tr>
<td></td>
<td>{ } &quot;To the address given against item no.11</td>
</tr>
<tr>
<td></td>
<td>{ } Saving Bank a/c no: (Mandatory)</td>
</tr>
<tr>
<td></td>
<td>Name of the Branch:</td>
</tr>
<tr>
<td></td>
<td>Full Address of the Branch:</td>
</tr>
<tr>
<td>14</td>
<td>Mobile No. or any Contact No. :</td>
</tr>
</tbody>
</table>

DECLARATION OF NON EMPLOYMENT

I declare that I have not been employment in any factory/establishment to which the Act applies for a continuous period of not less than 2 months immediately preceding the date of my application for final withdrawal of my Provident Fund money.
ADVANCE STAMPED RECEIPT

Date:
Received a sum of Rs………………….( Rupees…………………………………………)
from SPMCIL Employee Provident Fund Trust by deposit in my saving bank account/ or
by post to my mailing address towards the full final settlement of my Provident Fund
Account.

Certified that the particulars of the member given are correct and the member has signed
/thumb impressed before me.

Signature of the employer with official seal

Approved by Trustee with official Seal
## Application for Refundable/Non Refundable Advance

<table>
<thead>
<tr>
<th>Purpose for which advance is Required</th>
<th>Amount of advance required Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In words ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Name in full (in block letters)</th>
<th>:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Father’s/Husband’s Name</td>
<td>:</td>
</tr>
<tr>
<td>3. Name of the factory/establishment in which employees and address</td>
<td>:</td>
</tr>
<tr>
<td>4. Provident Fund Account No.</td>
<td>:</td>
</tr>
<tr>
<td>5. Monthly basic wages and DA</td>
<td>: BASIC DA TOTAL</td>
</tr>
<tr>
<td>6. Full postal address of the member to which payment/intimation to be sent</td>
<td>: PIN</td>
</tr>
</tbody>
</table>

### MODE OF REMITTANCE:

- **(a)** In case of advance for purchase of site/house/flat or construction through an ‘agency’–or repayment of housing loan, indicate
  - (i) in whose favour the cheque is to be drawn
  - (ii) Full address:

  In other cases, put a tick (✓) against any one of the following:

- **(b)** By account payee cheque through the employer (to the address given against SI. No. 3.

- **(c)** By deposit in bank account no. ______________________ (Name of the Bank) located at ______________________ (Full postal address)

* I declare that the advance is required to meet the expenses in connection with my marriage/marriage of my son/daughter/brother/sister. Shri/Kumari ______________________ (Name) ______________________ (aged) to be celebrated on _________________ date _________________ at address ______________________.

I declare that the above particulars are true to the best of my knowledge and I will abide by the conditions governing the grant of advance under the Scheme. Certificate/documents in support of my application is/are furnished/enclosed.

**Date:**

**Station:**

**Signature/left/Right/hand thumb impression of the member**

* Delete if the advance applied for is not for marriage

### ADVANCE STAMPED RECEIPT

(To be furnished with reference to 7(a) or (b) or (c) above only)

Received a sum of Rs. ______________________ (only) from the SPMCIL Employees Provident Fund Trust towards the grant of advance from my Employees Provident Fund Account maintained by them.

* (To be filled in the SPMCIL Employees Provident Fund Trust Office)
[TO BE FURNISHED BY THE EMPLOYER]

During closure/lock out of the factory/establishment by any Gazetted Officer or the Chief Executive/Head of a local authority or M.P. or M.L.A.
Certified that the application has been signed by the member in my presence after he/she had read the contents/the contents have been explained to him/her by me and that the information given in the application is correct. Required certificate(s) is/are enclosed.

Date ______________
Designation of the signing official with Signature of the employer or an Stamp of the Factory/establishment authorized official of the Encls: factory/establishment

FOR USE IN SPMCIL EMPLOYEES PROVIDENT FUND TRUST’S OFFICE

(AUTHORITY FOR PAYMENT OF ADVANCE RULES OF TRUST)

Passed for payment of Rs. ______________ Rupees

Only Mode of remittance (Refer S. No. 7) ___________________

Helpdesk Assistant Trustee (s)

FOR USE IN CASH SECTION

Paid by inclusion in Cheque No. / Demand Draft No. ______________ dated the ______________.

Helpdesk Assistant A.O. Trustee(s)

REMARKS
FORM NO.13
THE EMPLOYEES’ PROVIDENT FUND SCHME, 1952
(PAR-57)

(APPLICATION FOR TRANSFER OF EPF ACCOUNT)

Note: (1) To be submitted by the member to the present employer for onward transmission to the Commissioner, EPF by whom the transfer is to be effected.

(2) In case the P.F transfer is due from the P.F Trust of an exempted establishment, the application should be sent direct by the employer to the P.F Trust of the exempted establishment with a copy to the RPFC concerned for details of the family pension membership.

To, The Commissioner
M/s……………………………..
Employees’ Provident Fund,
……………………………..
……………………………
(To be filled in, if Note (2) above is applicable)

Sir,

I request that my Provident Fund balance along with the Membership details in Family Pension Fund may please be transferred to my present account under intimation to me. Necessary particulars are furnished below:

1. Name ........................................

2. Father’s/Husband’s Name in case of married women ........................................

3. Name & Address of Previous Employer ........................................

4. EPF account Number with the previous Employer ........................................

5. By whom the PF account of the previous estt is kept Regional PF Commissioner Name of the PF Trust

6. FPF A/c Number with the previous employer (if allotted a separate one) ........................................

7. Date of leaving service with previous employer ........................................

8. Date of joining the present employer ........................................

Date.................

Signature/Left Hand Thumb impression of the Member
To be filled by the present employer:

9. Name and address of the establishment ................................

10. EPF Code and A/c number allotted to the Member ......................

11. FPF A/c allotted to the member separately, if any, ......................

12. By whom the EPF account of the member in the
    Present establishment is kept:

   Being an un-exempted establishment
   (a) By Regional Office at
   (b) Sub-Regional Office at
   Being an exempted establishment
   Trust, viz, .................
   (c) By exempted PF,
   (d) By Private PF - Not covered under the act, viz,

13. By whom the FPF Account of the member in the
    Present establishment is kept:

   (a) PF Regional Office ...................... at
   (b) PF Sub-Regional Office .............. at

14. In whose favour transfer is to be effected,
    i.e. payee’s detail ..................................

Date:

Signature of Employer/Authorised
Official with Official Seal
(FOR USE OF P.F OFFICE ONLY)

A sum of Rs. ..................................................(Rs.................................................. is authorized for transfer, vide Annexure, ‘K’ (Revised). Transfer proceeds to be sent along with Annexure’ Revised).

By D.D. to the Regional PF Commissioner/Office-in-Charge of Sub Regional Office..............................

By D.D, to the P.F trust of the establishment with license to the details Sr. No.14 above.

Membership details under Family Pension Fund forwarded to P.F Regional Office/Sub-Regional Office at

By transfer entries to the Member’s Ledger Card bearing No..................................................

In the present establishment from the Ledger Card bearing No..................................................

Transfer intimation/copy of Annexure-K(Revised) to the member placed below:

P.I. No. Clerk Head Clerk A.A.O A.O/A.P.F.C

Scroll No.

Paid by cheque No. .................................................. dated.........................

Cashier/Clerk, Head Clerk Asstt. Provident Fund Commissioner
Form No. 10 C (E.P.S) 
EMPLOYEES PENSION SCHEME, 1995

FORM TO BE USED BY A MEMBER OF THE EMPLOYEES’ PENSION SCHEME, 1995 OFR CLAIMING WITHDRAWAL BENEFIT/SCHME CERTIFICATE

1. a) Name of the member: ______________________________
   (In Block Letters)

   b) Name of the claimant(s) ______________________________

2. Date of Birth ______________________________

3. a) Father’s Name ______________________________

   b) Husband’s Name ______________________________
   (if Applicable)

4. Name & Address of the Establishment in which, the Member was last employed ______________________________

5. Code No. & Account No. ______________________________
   Region/SRO Code ______________________________
   Esstt. Code no. ______________________________
   A/c No. ______________________________

6. Reason for leaving service ______________________________
   & Date of leaving ______________________________

7. Full Postal Address:-
   (In Block Letters) ______________________________
   S/o, W/o, D/o ______________________________
   ______________________________ PIN

8. Are you willing accept Scheme Certificate in lieu of withdrawal
   (a) Yes ______________________________
   (b) No ______________________________

9. Particulars of Family (Spouse & Children & Nominee)

   Name ______________________________
   Date of Birth ______________________________
   Relationship with Member ______________________________
   Name of guardian of minor ______________________________

   (a) Family Members
(b) Nominee

10. In case of death of member after attaining the age of 58 years without filling the claim:-
   (a) Date of death of the member:
   (b) Name of the Claimant(s)/and relationship with the members:

11. MODE FOR REMITTANCE (PUTA TIC IN THE BOX AGAINST THE OPTED)
   (a) By postal money order at my cost to address given against item No.7
   (b) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me

   S.B. Accounts No. __________________________________________

   Name of the Bank (in block letters) ____________________________
   Branch (in block letters) _______________________________________
   Full Address of the Branch (in block letters) _______________________

12. Are your avalling pension under EPS-95?

   If so indicate : PPO NO.________________ By Whom Issued___________

CERTIFIED THAT THE PARTICULAR ARE TRUE TO THE BEST OF MY KNOWLEDGE

Signature of left Hand
Thumb impression of the Member/ claimant(s)

Date_________________

ADVANCE STAMPED RECEIPT
[To be furnished only in case of (b) above]

Received a sum of Rs……………(Rupees……………………………………………….)

Only from Regional Provident Fund Commissioner/Officer-in charge of Sub-Regional Office_____________________

By deposit in my saving Bank A/c towards the settlement of my Pension Fund Accounts.
(The Space should be left blank which shall be filled by Regional Provident Fund Commissioner / Officer-in-charge)

Signature & left hand thumb impression of the member on the stamp

Certified that the particular of the member given are correct and the member has signed/thumb impressed before me.

The details of wages and period of non-contribution service of the member are as under:-

Form 3A/7(EPS) enclosed for the period for which it was not sent to employee’s Provident Fund Officer.

Wages (Basic + D.A) as on 15.11.95(if applicable)

Wages as on the date of exit

**Period of non contributory Service**

<table>
<thead>
<tr>
<th>Year/Month</th>
<th>No. of days</th>
</tr>
</thead>
</table>

Signature of Employer/authorised Official

Date……………………
APPLICATION FOR MONTHLY PENSION
FORM 10-D (EPS)
EMPLOYEE’S PENSION SCHEME, 1995

(Read INSTRUCTIONS before filling in this Form)

1. By whom the pension is claimed? Claimed.

2. Type of Pension

3. (a) Member’s Name : (In Block Letters)
   (b) Sex :
   (c) Marital Status :
   (d) Date of Birth/Age :
   (e) Parent/Spouse Name :


5. Name & Address of the establishment : In which the member was last employed

6. Date of Leaving Service :

7. Reason for leaving Service :

8. Address for communication :

9. Option for commutation of 1/3 of Quantum: Yes No Amount
   Pension (If option is for lesser) 
   Commutation indicate the quantum

10. Option of Return of Capital
    (Please refer Serial Number 10
    Yes No
Of INSTRUCTIONS)
[Put a Tick ( )]
If Yes, indicate your choise
Of alternative

11. Mention your Nominee for Return
    Of Capital :
    Name :
    Relationship :
    Date of Birth :
    Address :

12. Particulars of Family :

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Date of Birth/Age</th>
<th>Relationship with Member</th>
<th>Indicate against Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Note: If any child is physically handicapped, please indicate “DISABLED” below the name.

13. Date of death of Member
    (if applicable)

14. Details of Saving Bank Account Opened

    (1) Name of the Bank
    (2) Name of the Branch
    (3) Full Post all Address

**PIN CODE**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Claimants (S)</th>
<th>Saving Bank Accounts No.</th>
</tr>
</thead>
</table>
14 (A) If the claim is preferred by nominee, indicate his/her

(1) Name:
(2) Relationship:
with the deceased Member

15. Details of Scheme Certificate

<table>
<thead>
<tr>
<th>Scheme Certificate</th>
<th>Scheme Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received &amp; enclosed</td>
<td></td>
</tr>
<tr>
<td>Already in possession of the</td>
<td>Not Received</td>
</tr>
<tr>
<td>Member, if any</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SI. No.</th>
<th>Scheme Certificate Control No.</th>
<th>Authority who issued the Scheme certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. If Pension is being drawn Under E.P. S., 1995

<table>
<thead>
<tr>
<th>PPO No.</th>
<th>RO</th>
<th>SRO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Documents enclosed
(Indicate as per the Instructions)

1. 
2. 
TO BE SUBMITTED IN DUPLICATE IN RESPECT OF EACH PERSON ELIGIBLE FOR PENSION

Descriptive of Pensioner and His/her Specimen Signature/Thumb impression

1. Name of the Member : 
2. E.P.F. Account Number : 
3. Name of the Pensioner : 
4. Father/Husband Name : 
5. Sex : 
6. Nationality : 
7. Religion : 
8. Height : 
9. Personal Marks of Identification : 
   1……………………………
   2……………………………
10. Specimen signature of : 
    1……………………………
    2……………………………
    3……………………………

11. (Only in the case of illiterate Claimant (Pensioner) Left Hand Finger Impression):
    THUMB   INDEX   MIDDLE   RING   SMALL
    
    Signature

Name of attesting Authority
Official

Seal:

Place:
Date:

Certified that:
(i) I am not drawing Pension under Employees Pension Scheme, 1995:
(ii) The particular given in this application are true and correct.

Signature of the applicant/
Left hand Thump Impression
NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/
EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees’ Provident Funds and
Employees’ Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph
18 of the Employees’ Pension scheme, 1995)

1. NAME (in Block letters) :

2. Father’s/Husband’s Name :

3. Date of Birth :

4. Sex :

5. Marital Status :

6. Account No. :

7. Address
   Permanent :
   Temporary :

8. Date of joining:

PART-A (EPF)

I hereby nominate the person(s)/ cancel the nomination made by me previously
and nominate the person(s) mentioned below to receive the amount standing to my credit
in the Employees’ Provident Fund in the event of my death :

<table>
<thead>
<tr>
<th>Name of Nominee</th>
<th>Address</th>
<th>Nominee’s relation-ship with the member</th>
<th>Date of Birth</th>
<th>Total amount of shre of Accumulations in Provident fund to be paid to of the guardian who may each nominee receive the amount during the minority of nominee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

47
1 * Certified that I have no family as defined in Para 2(g) of the Employees’ Provident Fund Scheme, 1952 and should I acquire a Family hereafter, the above nomination should be deemed as cancelled.

2 * Certified that my father/mother is/are dependent upon me.

Signature of thumb impression of the subscriber

*Strike out whichever is not applicable.

Part B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of the family</th>
<th>Address</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1

2

3

4

5

6

**Certified that I have no family, as defined in para 2 (vii) of Employees’ Pension Scheme. 1995 and should I acquire a family Hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a)(i) and (ii)
In the event of my death without leaving any eligible family member for receiving Pension.
<table>
<thead>
<tr>
<th>Name and Address of the Nominee</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship with the member</td>
<td></td>
</tr>
</tbody>
</table>

1.  
2.  
3.  
4.  

Date:  

Signature or thumb impression of the subscriber  

**Strike out whichever is not applicable.**

CERTIFICATE BY EMPLOYER  
Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum._____________________________employed in my establishment after he/she has read the entries/entries have been read over to him/her  
By me and got confirmed by him/her.  
Place:__________________________  

Signature of the employer or other Authoried Officers of the Establishment.  

Dated:__________________________  
Designation  

Name & Address of the Factory/ Establishment of Rubber Stamp Thereon
SPMCIL EMPLOYEES PROVIDENT FUND TRUST
Declaration Form 31 Medical

Medical Certificate to be issued

i) In case of major surgical operation or with the hospitalization for month or more had or has become necessary the doctor of the Government E.S.I/Private Hospital should issue a Medical Certificate.

ii) In case of treatment of T.B, Leprosey, Paralysis or Cancer by a Doctor of Govt./Private Hospital E.S.I/or By a Regd. Medical Practitioner.

iii) In case of treatment of heart ailment or mental derangement: By a specialists Doctor.

Certificate that Sh./Smt./Kumar……………………………………………………… S/o, S/o, D/o ………………………………………

i) is suffering from T.B./Leprosy/Paralysis/Cancer/Mental Derangement/Heart ailment.

ii) is suffering from ……………………………………………………………for which a major surgical operation and hospitalization for a period of ………………………………………days from………………to………………….. or he has become necessary.

iii) is suffering from ………………………………………and hospitalization for a period………………………………….days……………………….from………………..to………………….. had or has become necessary.

Cross if not applicable     Signature of Doctor with dated Seal

Signature of Employer/Authorized Official with dated Seal
DECLARATION TO BE SUBMITTED ALONG WITH APPLICATION FOR REFUNDABLE/NON-REFUNDABLE ADVANCE FROM THE FUND FOR MARRIAGE

*I declare that the advance is required to meet the expenses in connection with marriage ceremony of my dependent Son/daughter……………………………… (Name) ..........................(aged).

I understand that as per the provision of Employees Provident Fund Scheme 1952, I am liable to refund the entire amount of withdrawal in lump sum in case the amount is used for any purpose other than the purpose stated in the application.

Date:

(SEnumber of EPF Member with name thereunder)

Present address:..............................................................

..............................................................

Employer Signature..............................................................

Establishment Seal & Date

I certify that I have verified the above particulars and have read out the content of the declaration of Sh./Smt.............................................................. And he/she has signed/thumb impressed before me.

Name & Designation of Employer

* Strike out inapplicable words/phrases
SPMCIL EMPLOYEES PROVIDENT FUND TRUST
Declaration Form 31 E

DECLARATION TO BE SUBMITTED ALONG WITH APPLICATION FOR REFUNDABLE/NON-REFUNDABLE ADVANCE FROM THE FUND FOR EDUCATION

*I declare that the advance is required to meet the expenses in connection with post matriculation education of my Son/daughter…………………………………………(Name)………………………(aged).

** The estimate of expenses to be incurred is enclosed with this declaration.

I understand that as per the provision of Employees Provident Fund Scheme 1952, I am liable to refund the entire amount of withdrawal in lump sum in case the amount is used for any purpose other than the purpose stated in the application.

Date:

(……………………………………………………..)
(Signature of EPF Member with name thereunder)

Present address:………………………………………………….

Employer Signature…………………………………………

I certify that I have verified the above particulars and have read out the content of the declaration of Sh./Smt………………………………………. And he/she has signed/thumb impressed before me.

Name & Designation of Employer

* Strike out inapplicable words/phrases

** Estimate provided by educational institution
SPMCIL EMPLOYEES PROVIDENT FUND TRUST
Declaration Form 31 H

Declaration from to be submitted along with application From 31 for purchase of a dwelling site/house/flat or for construction of dwelling house for addition/alteration of the dwelling house.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of the E.P.F Member</td>
</tr>
<tr>
<td>2</td>
<td>Father/ Husband’s Name</td>
</tr>
<tr>
<td>3</td>
<td>Employees Provident Fund A/C No.</td>
</tr>
<tr>
<td>4</td>
<td>Permanent Address</td>
</tr>
<tr>
<td>5</td>
<td>Complete address of the dwelling site / dwelling house of flat or house under construction for which withdrawal is applied or,</td>
</tr>
<tr>
<td></td>
<td>- Name &amp; address of the owner of plot / house from whom purchased / agreement executed.</td>
</tr>
<tr>
<td></td>
<td>- Survey no/plot no/khatta no/Registration number and the year of the title deed</td>
</tr>
<tr>
<td></td>
<td>- Boundary</td>
</tr>
<tr>
<td></td>
<td>East:</td>
</tr>
<tr>
<td></td>
<td>West:</td>
</tr>
<tr>
<td></td>
<td>North:</td>
</tr>
<tr>
<td></td>
<td>South:</td>
</tr>
<tr>
<td></td>
<td>- Area of site and /house.</td>
</tr>
<tr>
<td>6</td>
<td>Name of the authority who approved site plan with reference no. and date.</td>
</tr>
<tr>
<td>7</td>
<td>Whether copy of agreement for purchase /allotment letter, in case of purchase is enclosed.</td>
</tr>
<tr>
<td>8</td>
<td>Estimate of value of property /house/flat or estimated cost of construction/addition/alteration</td>
</tr>
<tr>
<td>9</td>
<td>Whether withdrawal for housing was availed previously, if so the amount, date of sanction, purpose etc.</td>
</tr>
<tr>
<td>10</td>
<td>Permission/license no. for construction issued by local authority with name of local body in the area of construction.</td>
</tr>
</tbody>
</table>
SPMCIL EMPLOYEES PROVIDENT FUND TRUST
Declaration Form 31 H

Declaration & undertaking

(1)  I…………………………………………………….. s/o, d/o ,w/o……………………
do hereby solemnly declare that information furnished above are true to the best of my
knowledge and the above mentioned *(dwelling site of dwelling house/flat or house
under construction ) is free from all encumbrances. I also declare that I am not purchasing
a share in joint property or constructing a house on a site owned jointly expect with the
spouse. I undertake that the*house/site/flat is registered /will be registered in my
name/my spouse (name)....................................................(given name of
*wife/husband) or jointly in the name of my spouse………………………………..
(given name) and myself.

(2) I hereby undertake to submit a copy of Registered * deed /allotment letter/ Possession
memo/ construction completion certificate immediately on receipt/ completion /within
one year whichever is earlier.

(3)  I also undertake to produce the above document whenever demanded by the
sanctioning authority for future verification.

(4) I undertake that that as per the provision of Employees Provident Fund Scheme 1952,
I am liable to refund the entire amount of withdrawal in lump sum with penal interest in
case the amount is used for any purpose other than the purpose stated in the application.
I authorize the Regional Provident Fund Commissioner to recover the amount sanctioned
with penal interest @20% p.a. from my wages in case I fail to produce copy of the
registered purchase *deed /completion certificate within *six months/ twelve months
after the withdrawal of the amount, as the case may be.

Date:

(………………………………………)  
Signature of EPF Member with name there under)
Present address:

I certify that I have verified the above particular and have read out the content of the
declaration of Shri./Smt………………………………………………...and he /she has signed
/thumb impressed before me.

Employer signature…………………………

Establishment seal & date .................................
Name & Designation of employer

*Strike out inapplicable words /phrases
APPLICATION FORM FOR VOLUNTARY CONTRIBUTION
(See Rule 10(b))

Date of Application…………………………….

1. Name of the employee………………………………………………

2. Department/ Section…………………………………………………..

3. Account Number, if any………………………………………………

4. Present Rate…………………………………………………………..
   (a) Basis Pay……………………………………………………
   (b) Dearness Allowance……………………………………

5. Present rate of contribution…………………………………………

6. Proposed rate of contribution…………………………………………

7. Difference on account of Voluntary Contribution…………………..

8. Date from which such contribution is proposed to be made……………

9. Address……………………………………………………………………

Signature/Thumb Expression of Member

Voluntary contribution@……………………….% permitted.

Employer signature with stamp:

***