

SPMCIL EMPLOYEES PROVIDENT FUND TRUST

FORM NO 19

PROVIDENT FUND WITHDRAWAL

1	Name of Member (in Block Letters)	:	
2	Father's Name (or Husband's name in the case of married women)	:	
3	Name and Address of the Factory/ Establishment in which the member was last employed	:	
4	Unit Name	:	
5	P F Account No.	:	
6	Employee Code No	:	
7	Date of joining	:	
8	Date of leaving service	:	
9	Date of Birth	:	
10	Reason for leaving service	:	
11	Full Postal Address (in Block Letters)	:	
12	Pan. No. (Mandatory)	:	
13	Mode of Payment	:	Put a tick { <input checked="" type="checkbox"/> } in the box against the one opted
14	(a) By account Payee cheque/DD sent directly to employee (b) By account Payee cheque sent Direct for credit to my S.B. A/c under intimation to me.	{ } { }	To the address given against item No. 11 Savings Bank a/c no : (Mandatory) Name of the Branch: Full Address of the Branch:
15	Mobile No. or any Contact No.		

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.

Signature or left/right hand thumb impression of the member

ADVANCE STAMPED RECEIPT

Date:

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

Revenue
Stamp of
Rs 1/-

Signature or left/right hand thumb impression of the member

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 Trustees with official seal