Regn.	No						Form 19				For Office use only					
EMPLOYEES PROVIDENT FUND SCHEME, 1952 Application by an Adult Member of the Employees' Provident Fund Scheme, 1952 for Claiming the Employees' Provident Fund Dues (Refer to Instruction)																
1. Name of the member (in Block letters)																
2. Father's Name or (husband's name in the case Of married woman)																
3. Name & Address of the Factory/Establishment in which the member was last employed.																
A. Account No. DL/																
5. Date of leaving service																
6. Reason for leaving service																
7. Full Postal Address (in Block Letters) Shri/Smt./`Kum. S/o, W/o, D/o Pin .																
8. Mode of remittance Put a tick (4) in the box against the one opted (a) By Postal Money Order at my cost To the address given agcAnst item No. 7 (6) By Account payee cheque sent S.B. Account No. Direct for credit to my S.B. Name of the Bank/Branch A/c (Schedule Bank/PO) To under intimation to me																
Certified that the particulars are true to the best of my knowledge. Date of Jointing the Establishment Date of Birth Contribution for the Current Financial Year																
Month	Wages	Contribution				Period of Break, if any		Month	Wages	Contribution				Period of Break, if any		
		Employee		Employer		Total				Employee Employer			Total			
		EPF	EPS	EPF	EPS	EPF	, EPS			EPF	EPS	EPF	EPS	EPF	EPS	

(Information to be furnished by the Employer if the Claim Form is Attested by the Employer) Certified that the above contributions have been included is the regular monthly remittances. The Applicant has signed/thumb impressed before me.									
Si	ignature of Left/Right hand thumb impression of the member								
Signature of the Employer or authorised Official Designation & Seal									
Date : Encl.									
DECLARATION OF NOW-EMPLOYMENT									
I declare that I have not been employed 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.									
DateSi	ignature of Left/Right hand thumb impression of the member								
ADVANCE STAMPED RECEIPT (To be furnished only in case of 8(6) above)									
Received a sum of *Rs									
• The space should be left blank which shall be filled in By Regional Provident Fund Commissioner/Officer- in-Charge of S.A.O.	Affix I /- Rupee Revenue Stamp								
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/24/2/9 & withdrawal register.									
Clerk Head Clerk									
	(under Rs.)								
P.I. No.	M.O./Cheque								
inwards	/passed for payment of Rs								
M.O. Commissioner (if any)/AAO/APFC	Account Officer								
(For use in Cash Section) Paid by inclusion in Cheque No date vide Cash Book (Bank) Account No. 3 Debit Item No									
H.C. AC/RC									
Remarks									