

**To be filled by the present employer:**

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

10. EPF Code and Account No. allotted to the Member : .....

11. FPF Account No. 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

(c) By exempted PF, Trust, viz.....

(d) By Private PF-Not covered under the act-  
viz.....

13. By whom the FPF Account of the member (a) PF Regional Office ..... at

in the present establishment is kept: (b) PF Sub-Regional Office.....at

14. In whose favour transfer is to be effected, i.e. payee's details: .....

Date:.....

Signature of Employer/Authorised  
Official with Official Seal