

Provident Fund at WMGTS

Provident Fund is a mandatory, tax-qualified, defined contribution, retiral benefit plan wherein equal contribution at the rate of 12% is made by the employer and the employee.

WMGTS Provident Fund Accounts are being administered with the Employees' Provident Fund Organization where Regional Provident Fund Commissioner (RPFC) administers and manages the fund.

- Associate contributes 12% of the Basic salary.
- WMGTS contributes 12% of Basic salary, out of this :
- 8.33% with a cap of Rs.6500/- to be paid towards Employee Pension Scheme a/c from the WMGTS's contribution of 12%. Balance 3.67% goes to the associate's Provident Fund Account.

PF Nominations :

Every associate at the time of joining WMGTS has to provide their self details and details of their family in a nomination Form called Form 2.

Associates who wish to make any change to the nominee details provided earlier, may do so, by filling in a fresh Form 2.

PF Transfer Process:

Associates who wish to transfer PF contributions from their previous organization to WMGTS, have to fill in Form 13.

Once the PF transfer application is processed and filed with the PF office where WMGTS PF Accounts are being administered, it takes close to 3 months for the PF transfer process to complete.

Associates can check the status of their PF Transfer receipt by creating their member login on www.epfindia.com

You may download the above mentioned forms on MySpark or from www.epfindia.com

Refer the below screen shots on guidance for filling these forms.



THE EMPLOYEES' PROVIDENT FUND ORGANISATION

[SUPPLIED FREE OF COST]

ವಿಜಯತಿರ್ಥೇಶ್ವರರ/ದಿವ್ಯಾತಿರ್ಥೇಶ್ವರರ ಉದ್ಯಮಸಂಸ್ಥೆಗಳಿಗಾಗಿ

ಫಾರಂ ನಂ. 2 (ಸಂಸ್ಕರಣೆ 21) (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Fund and Employees' Pension Scheme. (Paragraph 33 and 61 of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

Leave the Account No. as blank

Fill this section completely

Fill this section completely

1. ಹೆಸರು (ನಿಜ ಅಕ್ಷರಗಳಲ್ಲಿ) Name (in Block Letters)
2. ಪಿತೃನ ಹೆಸರು (ದಾಖಲಾದವರಲ್ಲಿ) Father's/Husband's Name
3. ಜನ್ಮ ದಿನಾಂಕ Date of Birth
4. ಲಿಂಗ Sex Male Female
5. ವಿವಾಹಿತ ಸ್ಥಿತಿ Marital Status
6. ಖಾತೆ ಸಂಖ್ಯೆ/ಸಿ.ಬಿ.ಎನ್.ಐ. Account No. KN@BN
7. ಸ್ಥಾಯಿ ವಿಳಾಸ/Permanent Address
8. ತಾತ್ಕಾಲಿಕ ವಿಳಾಸ/Temporary Address

ಭಾಗ-ಎ (ಕೆ.ಫ.ಫಂಡ್) 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 with 5 columns: Name & Address of Nominee/s, Relationship with the member, Date of Birth, Total Amount or share of accumulation in Provident Fund to be Paid to Each Nominee, Name, relationship and address of the guardian who may receive the amount during the minority of nominee.

Fill in your nominee details for Provident Fund here

1. I certify 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. I certify that my father/mother is/are dependent upon me.
Signature or thumb impression of the subscriber

Sign in here

FOR OFFICE USE ONLY

ಭಾಗ-ಬಿ (ಕಾ.ಪಿಂ.ಯೋ.) ಕಂಡಿಕೆ 18 PART-B (EPS) Para 18

ನಾನು ವೀಡಿಯಲ್ಲಿರುವವನು ಈ ಕೆಳಗೆ ವರ್ಣಿಸಿರುವವರನ್ನು ನನ್ನ ಕುಟುಂಬದ ಸದಸ್ಯರನ್ನಾಗಿ ವಿವರಿಸುತ್ತಿದ್ದೇನೆ. ಈ ಕುಟುಂಬದ ಸದಸ್ಯರನ್ನು ಈ ಮೂಲಕ ಕೆಳಕಂಡಂತೆ ಒದಗಿಸುತ್ತೇನೆ.
I hereby furnish below particulars of the members of my family who would be eligible to receive widow/widower/children Pension in the event of my death.

ಕ್ರಮ ಸಂಖ್ಯೆ Sl. No.	ಕುಟುಂಬದ ಸದಸ್ಯರ ಹೆಸರು Name of the Family Member	ವಿಳಾಸ Address	ಜನ್ಮ ದಿನಾಂಕ Date of Birth	ತಂದಾದಾರನೊಡನೆರುವ ಸಂಬಂಧ Relationship with member
1	2	3	4	5

** ಕಾರ್ಮಿಕ ಪಿಂಚಣಿ ಯೋಜನೆ 1995ರ ಕಂಡಿಕೆ 2(vii) ರಲ್ಲಿ ಪರಿಭಾಷಿಸಲಾದಂತೆ ನಾನು ಕುಟುಂಬವನ್ನು ಹೊಂದಿಲ್ಲವೆಂದು ಮತ್ತು ಈ ತರುವಾಯ ನಾನು ಕುಟುಂಬವನ್ನು ಹೊಂದಿದರೆ, ಮೇಲ್ಕಂಡ ಪ್ರವಕ್ತನಲ್ಲಿ ವಿವರಗಳನ್ನು ಒದಗಿಸುವವೆಂದು ಪ್ರಮಾಣೀಕರಿಸುತ್ತೇನೆ.
** 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.
ನಾನು ಮರಣ ಹೊಂದಿದ ಸಂದರ್ಭದಲ್ಲಿ, ಮಾಸಿಕ ವಿಧವೆನಿಸುವ ಪಿಂಚಣಿ ಪಡೆಯಲು ನನ್ನ ಕುಟುಂಬದ ಸದಸ್ಯರು ಯಾರೂ ಇಲ್ಲದಿರುವುದಾಗಿ ಈ ಕೆಳಕಂಡವರನ್ನು ಪಿಂಚಣಿ ಪಡೆಯಲು (ಪಿ.ಯೋ. ಕಂಡಿಕೆ 16 (2) (ಬಿ) (i) ಮತ್ತು (ii) ಅಡಿಯಲ್ಲಿ) ನಾನು ನಿರ್ದೇಶಿಸುತ್ತೇನೆ.
I hereby nominate the following person for receiving the monthly pension (admissible under para 16 (2) (b) (i) and (ii) in the event of my death without leaving any eligible family member for receiving pension.

ನಾಮ ನಿರ್ದೇಶಿಸಿದ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ Name & Address of the Nominee	ಜನ್ಮ ದಿನಾಂಕ Date of Birth	ತಂದಾದಾರನೊಡನೆರುವ ಸಂಬಂಧ Relationship with member

ದಿನಾಂಕ Date
* ಅನ್ವಯಿಸದಿರುವುದನ್ನು ತೊರೆದು ಟಾಕ
* Strike out whichever is not applicable

ತಂದಾದಾರನ ಸಹಿ ಅಥವಾ ಹೆಜ್ಜೆಚ್ಚುಟು ಗುರುತು
Signature or thumb impression of the subscriber

**ನಿಯೋಜಕನ ಪ್ರಮಾಣ ಪತ್ರ
CERTIFIED BY EMPLOYER**

ನನ್ನ ಕಾರ್ಯಾಲಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ನಿಯೋಜಿತವಾಗಿರುವ ಕ್ರಿಯಾತ್ಮಕತನವು...
ಯವರು ಮೇಲ್ಕಂಡ ನಮೂನೆಗಳನ್ನು ಓದಿದ ತರುವಾಯ/ತಾವರಿಗೆ ನಮೂನೆಗಳನ್ನು ನಾನು ಓದಿ ಹೇಳಿದ ತರುವಾಯ, ಅವರು ಅವುಗಳನ್ನು ಸ್ವೀಕರಿಸಿ, ನನ್ನ ಸಮ್ಮುಖದಲ್ಲಿ ಮೇಲ್ಕಂಡ ಘೋಷಣೆ ಮತ್ತು ನಾಮ ನಿರ್ದೇಶನಕ್ಕೆ ಸಹಿ ಮಾಡಿದ್ದಾರೆ/ಹೆಜ್ಜೆಚ್ಚುಟು ಗುರುತನ್ನು ಹಾಕಿದ್ದಾರೆ ಎಂದು ಪ್ರಮಾಣೀಕರಿಸುತ್ತೇನೆ.
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.

Fill in your nominee details here for Pension Fund if you are married

Fill in your nominee details here for Pension Fund if you are unmarried

Sign Here

TRANSFER CLAIM FORM
FORM IS (REVISED)

CLAIM ID _____
(For EPFO Use only)



EMPLOYEES' PROVIDENT FUND SCHEME, 1952
(PARA 57)

To,
The Regional P F Commissioner,
Office Name: _____
Office Address: _____

(Please see instruction 3)

To,
Trust Name: _____
Trust Address: _____

(in case the PF A/C is with Exempted Establishment)

Sir,

I request that my provident fund balance along with my pension service details may please be transferred to my present account under intimation to me. My details are as under:

PART A: PERSONAL INFORMATION

1. *Name: _____
2. *Father's/Husband's name: _____
3. Mobile number: _____ 4. E-mail id: _____
5. Bank A/C number: _____ 6. IFS code of Bank branch: _____

PART B: DETAILS OF PREVIOUS ACCOUNT (WHICH IS TO BE TRANSFERRED)

1. *PF Account No. : _____
In case the previous establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : _____
2. *Name and Address of the previous establishment: _____

3. *PF Account is held by: (Name of EPF Office/ PF Trust) _____
4. *Date of Birth: _____ (dd/mm/yyyy) 5. *Date of joining : _____ (dd/mm/yyyy)
6. *Date of leaving: _____ (dd/mm/yyyy)

PART C: DETAILS OF PRESENT ACCOUNT

1. *PF Account No. : _____
In case the present establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : _____
2. *Name and Address of the present establishment: _____

Fill this section completely

Fill this section completely

Leave this section blank

3. *Account is held by: (Name of EPF Office / PF Trust) _____
4. *Date of joining : _____ [dd/mm/yyyy]
5. *Name of Trust (to whom funds are to be paid in case of present establishment being exempted under EPF Scheme, 1952) : _____
6. *Employee code under the Trust: _____
- (* indicates mandatory fields) (# Strike off if not applicable)

Leave this section blank

I, Certify that all the information given above is true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the Member _____
Date: _____

Sign here

IMPORTANT: Member has the option to get the claim form attested by present or previous employer. In case of attestation by the previous employer, time taken in settlement will be relatively less.

Certified that I have verified the data in Part B in respect of the member mentioned in Part A of this form and the signature of the member.

Seal of the Establishment _____ OR _____
Signature of Previous Employer
Date: _____

Certified that I have verified the data in Part C in respect of the member mentioned in Part A of this form.

Seal of the Establishment _____ Signature of Present Employer
Date: _____

INSTRUCTIONS AND GUIDELINES

1. The Bank A/C details are for verification purpose even if the Fund is transferred to the EPFO Office/Trust maintaining the present account number.
2. In case the Previous Account was maintained by PF Trust of the exempted establishment, the member should submit a Transfer Claim Form [Form-13(Revised)] to the Trust while sending another Transfer Claim Form [Form-13(Revised)] to the PF Office for transferring the service details under the Pension Fund to the new account.
3. The Form should be submitted to that PF Office under which previous or the present account is maintained, depending upon as to which employer has attested the claim. (In case the claim is attested by the present employer, claim should be submitted with the PF Office under which the present account is maintained, and so on).
4. The mobile number (wherever provided) of the member would be used for sending an SMS alert informing him/her the processing of his/her claim and is non-mandatory for Physical form.

Do's and Don'ts :

1. Please sign in all the appropriate spaces
2. Do not over write in any of the fields
3. Please ensure you obtain all the details of previous employment before filling in previous employment information in Form 13.