

Employee's Provident Funds Scheme, 1952

FORM – 20

- Form to be used 1 By the guardian of minor / lunatic member
 OR
 2 By a nominee or legal heir of the deceased member.
 OR
 3 By the guardian of the minor / lunatic nominee or heir, for claiming the
 Provident Fund accumulation of minor / deceased member.

(Note: Read the 'Instructions, carefully before completing this form)

PARTICULARS OF THE MEMBER

1	a)	Name of the member (in Block Letters)			
	b)	Father's Name or husband's name			
	c)	Name & address of the Factory / Establishment in which the member was last employed			
	d)	Account No.	DL		
	e)	Date of leaving service			
	f)	Reason for leaving service			

(IN CASE OF DECEASED MEMBER)

	g)	Date of Death of Member on the day of death.			
	h)	Marital status of the member on the day of death.			

PARTICULARS OF THE CLAIMANT

2. To be filled in by a Major Nominee / Legal Heir / member of the Family of the Deceased member

	a)	Name of the claimant (in Block Letters)			
	b)	Father's / Husband's name			
	c)	Sex			
	d)	Age (as on the date of death of the member)			
	e)	Marital status (as on the date of death of the member - Whether unmarried, married, widow or widower)			
	f)	Relationship with the deceased member			

3 To be filled in by the Guardian / Manager of the Minor / Lunatic Member / Lunatic / Minor (Nominee(s))

		Legal Heir(s) Family Member(s)	of the Deceased member		
	a)	Name of the claimant (i.e. Guardian)			
	b)	Father's / Husband's name			
	c)	Relationship with the deceased member			

Assistant Account Officer / Account Officer
Date:

3A. PARTICULARS OF THE MINOR / LUNATIC NOMINEE(S) / LEGAL HEIR (S) / FAMILY MEMEBRS ON WHOSE BEHALF THE PROVIDENT FUND AMOUNT IS CLAIMED.

S. No	NAME	SEX	RELATIONSHIP WITH THE DECEASED MEMBER	RELATIONSHIP WITH THE GUARDIAN
1				
2				
3				
4				

Delete, if not applicable

4.	Claimant's full postal address (in Block Letters)	Shri / Smt S/o, W/o, H/o, D/o Pin
5	MODE OF REMITTANCE	Put a 'tick' in the Box against the one opted
	(a) by postal money order at my cost OR (b) by account payee cheque sent direct for credit to my S/B Account (Scheduled Bank / Post Office) under intimation to me (Advance stamped receipt furnished below)	() to the address given in item No. 4 () S / B Account No. _____ Bank _____ Branch _____ Full address of the bank _____ _____

CERTIFICATE:

To the best of my knowledge, no posthumous child will be born to deceased member.

I certify that the particulars given above are true to the best of my knowledge.

I certify that the minor(s) / lunatic Shri / Smt _____ Is living with me and is being supported and looked after by myself and the Provident Fund money claimed on behalf of minor(s) / lunatic will be spent in his / her best interests and benefits.

I certify that the minor member has 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 this application.

Encl: _____

Date: _____

Signature or left / right hand Thumb impression of the claimant

Delete, if not applicable

ADVANCE STAMPED RECEIPT

(To be furnished only in case of 5(b) above)

Received a sum of Rs.* _____ (Rupees _____) from Regional Provident Fund Commissioner / Officer-in-charge of Sub-Regional Office _____ by deposit in my saving bank account towards the settlement of Provident Fund account of Shri / Smt. _____

.Affix Rs.1 Revenue Stamp

Signature or Left / Right hand Thumb impression of the claimant

* The space should be left blank which shall be filled in by Regional Provident Fund Commissioner / Officer-in-charge of sub Regional Office.

CERTIFICATE BY THE ATTESTING AUTHORITY

Contribution for the current period

Month		Contribution		Period of break, if any		Month		Contribution		Period of break, if any		
Employee		Employer		Total		Employee		Employer		Total		
Wages	EPF	FP	EPF	FP	EPF	FP	Wages	EPF	FP	EPF	FP	

Certified that the above contributions have been included in the regular monthly remittances.

Certified that the facts stated above are correct.

Certified that the claimant Shri / Smt / Kumari _____ is known to me and has signed / thumb impressed before me.

Official

Signature of the Employer or any Authorised

Designation:
and Seal

(FOR THE USE OF COMMISSIONER'S OFFICE)

Account settled in part / full. Entered in Form 21 A / 24 / 2 / 9 (Revised) & Withdrawal Register

Clerk

Head clerk

P.I. No. _____

M.O. / cheque

Account No. _____

Section: _____

Passed for payment of Rs. _____ (in words)

Under Rs.

M.O. Commission, if any _____

Net amount to be paid by M.O.

Asst. Accounts Officer/Accounts Officer
Date:

(FOR USE IN CASH SECTION)

Paid by inclusion in cheque No. _____ dated _____
vide Cash Book (Bank) Account No. 3 Debit item No. _____

H.C.

AC / RC

REMARKS