

PROFORMA AFFIDAVIT – CUM - INDEMNITY BOND

I Name _____ Permanent address _____ Solemnly affirm and state on oath as under:-

I state that I was employee with Company Address from _____ to _____ and holding PF Account No. PB/CHD/21406/(mention your EPF code), with the Regional Provident Fund Commissioner, Chandigarh 160017, having PAN no _____ Adhaar no _____.

and DECLARE that:

1. I am the Actual Account Holder of the above said EPF account.
2. I am herewith submitting PF Claim Forms 19 & 10C and I hereby undertake and indemnify Central Board of Trustees, Employees Provident Fund Organisation, Ministry of Labour, Government of India, that this claim if later found false, I shall be responsible for any loss incurred out of this transaction.
3. I declare that I have NOT withdrawn my PF Accumulation / Withdrawal benefit of FPF 1971/EPF 1995 till date in respect of my above account.

This Affidavit-cum-Indemnity Bond has been executed by me and state that the facts mentioned therein are true and correct to the best of my knowledge and belief.

DEPONENT(NAME)

Solemnly affirmed and signed before me on this day of _____

BEFORE ME
(1st CLASS JUDICIAL MAGISTRATE)/ (PUBLIC NOTARY)(WITH SEAL)