Form No.SEP-CPF-02(Modified)

OIL AND NATURAL GAS CORPORATION LTD EMPLOYEES CONTRIBUTORY PROVIDENT FUND TRUST

SHED NO 4, TEL BHAVAN, DEHRADUN (UTTARAKHAND) 248003

APPLICATION FORM FOR WITHDRAWAL OF CPF ACCUMULATIONS

(UNDER ONGC ECPF REGULATION NO.33 READ WITH PARA 68 & 69 OF THE

EMPLOYEES PROVIDENT FUND SCHEME 1952)

(Please read instructions at last page before filling up the form. Do not leave any particular blank. Incomplete forms are liable to be returned as incomplete. To be submitted in **DUPLICATE** to the concerned HR-ER)

PART 'A'

| EMPLOYEE PART | ICULARS | | | | | | | | | | | | | | | |
|---|---|----------------------|---|--|-------|------|-------|------|-----|------|--------|-------|------|--|--|--|
| 1. i) CPF No: | ii (ii |) De | sign | atio | n: | | | | | | | | | | | |
| iii) Full Name: | | | | | | | | | | | | | | | | |
| iv) Father's/ Husband's Name: v) Date of joining ONGC: | | | | vi) Date of Cessation of Employment/Death: (Please enclose copy of struck off order from the respective | | | | | | | | | | | | |
| vii) Office/ Section at of employment viii) Name of Org. Ur | | | | | | | | | | esta | blishn | nent) | | | | |
| ix) Org. Unit/ Project (To be filled from salary S | | | X |)Bill | No. | • | | | xi) | Pe | rsona | al A | rea: | | | |
| 2. Ground for Clair | | : | Su | pera | nnua | tior | 1 | | | | | | | | | |
| (Please tick which | chever is applicable) | | Voluntary Retirement | | | | | | | | | | | | | |
| | | Migration from India | | | | | | | | | | | | | | |
| | | Resignation | | | | | | | | | | | | | | |
| | | | [Enclose Form 13 from the present employer in case the funds are to be transferred to the present employer] | | | | | | | | | | | | | |
| | | | Permanent Total Incapacity | | | | | | | | | | | | | |
| | | | De | ath | | | | | | | | | | | | |
| | . Marital Status of the member | | | | d/ Uı | nma | ırrie | d/ \ | Wio | dov | v/ W | idov | ver | | | |
| 4. Permanent Acco | e non-applicable portion) unt No (PAN) DNGC employment with | | | | | | | | | | | | | | | |
| (please fill in the | name and address of | | | | | | | | | | | | | | | |
| employer) | | | | | | | | | | | | | | | | |
| 6. Whether the EPF | F & MP Act 1952 applies | 3 | Pre | evio | us PF | ₹ no | : | | | Ye | s [| | | | | |
| to the previous e | mployer (please tick) | | | | | | | | | N | o [| | | | | |
| 7. Period of service | e with the previous | | | | | | | | | | | | | | | |
| employer (in yea | urs) | | | | | | | | | | | | | | | |

PART-B (ONLY IN CASE OF DEATH OF MEMBER)

CLAIM BY NOMINEE/ LEGAL HEIR (TO BE FILLED IN SEPARATE FORMS BY EACH CLAIMANT)

Particulars at Sl No 9 to 14 are to be filled in only in case of claim by Nominee/Legal Heir [Claimant]

| 9. | Name of the Claimant [Nominee/Legal Heir] | : | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 10 | Percentage of claim | % | | | | | | | | | | | |
| 11 | Father's / Husband's Name | : | | | | | | | | | | | |
| 12 | Sex | : Male Female | | | | | | | | | | | |
| 13. | Age of claimant | : years | | | | | | | | | | | |
| 14. | Relationship with Member/Employee | : | | | | | | | | | | | |
| 15. | 5. To be filled in by Guardian/ Manager of the minor/ lunatic claimant [or] lunatic/ minor | | | | | | | | | | | | |
| | nominee(s)/ Legal heir(s) of the deceased n | nember | | | | | | | | | | | |
| | a. Name of the Guardian/ Manager | : | | | | | | | | | | | |
| | b. Father's/Husband's Name | • | | | | | | | | | | | |
| | c. Relationship with deceased | : | | | | | | | | | | | |
| | member/claimant | | | | | | | | | | | | |
| | · | LLED IN COMPULSORILY | | | | | | | | | | | |
| 16 | Full postal address of the claimant for | <u>the Claimants)</u> : C/o (Name) | | | | | | | | | | | |
| | sending cheque of CPF accumulations | Building | | | | | | | | | | | |
| | [Please fill in the entire address, otherwise the | Street 1 | | | | | | | | | | | |
| | cheques will return] | Street 2 | | | | | | | | | | | |
| | | Street 3 | | | | | | | | | | | |
| | | Post Office | | | | | | | | | | | |
| | | District/Village | | | | | | | | | | | |
| | State: | Pin Code: | | | | | | | | | | | |
| 17 | i) Telephone No (with STD Code) | | | | | | | | | | | | |
| | ii) Mobile no iii) Email (if any) | | | | | | | | | | | | |
| | iii) Eiliaii (ii aiiy) | | | | | | | | | | | | |
| 18 | Details of bank account to which the remittance is to be made out | i) Account No.: (Give entire a/c no, with all digits as appearing in the cheque book/ pass book) | | | | | | | | | | | |
| | (The details are to be correctly and invariably given. Without these details, No payments | ii) Bank Name: (Full name, no abbreviations) | | | | | | | | | | | |
| | will be made. | iii)Branch Name | | | | | | | | | | | |
| | Kindly attach a photocopy of a blank cancelled cheque for | iv) Branch address with City/Town | | | | | | | | | | | |
| | verification of the bank details) | v) Branch Code No (Please see the cheque for details) | | | | | | | | | | | |
| | | vi) MICR No (9 digit code) | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | Page 3 of 5 | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|
| 19 | Authorization to be given incase Refundable Advance is outstanding: | | | | | | | | |
| 20 | "I hereby authorize the concerned Personnel Claims Officer of ONGC to deduct the refundable advance outstanding with accrued interest from my dues before settlement of my CPF account". Declaration of Non-Employment (in case of Voluntary Retirement/ Resignation): | | | | | | | | |
| 21 | "I declare that I have not been employed in any establishment to which the Employees Provident Fund Act 1952 applies for a continuous period of not less than two months immediately preceding the date of this application". [For nominees/Legal heirs] | | | | | | | | |
| | I | | | | | | | | |
| | misrepresentation of facts or other misleading information that I may give in this application. | | | | | | | | |
| | [OR] | | | | | | | | |
| | [For members] | | | | | | | | |
| | Certified that particulars given in this form are true to the best of my knowledge. I also understant that the provisions of the Income Tax Act 1961 will be applicable in this case. I am also liable for any action that may be taken by the Trust without prejudice to the action that may be taken by ONGC for recovery/adjustment of any outstanding dues that arises out of any false declaration, misrepresentation of facts or other misleading information that I may give in this application. | | | | | | | | |
| | [In case of members on resignation and not transferring the PF accumulations to the present employer] This is to certify that I have not been employed for a continuous period of not less than 2 (two) months immediately preceding the date of this application. | | | | | | | | |
| | (Please Strike out whichever is not applicable) | | | | | | | | |
| | | | | | | | | | |
| Date | e: Signature or left/ right thumb Impression of the employee/claimant "X" | | | | | | | | |
| | ATTESTATION OF CLAIM | | | | | | | | |
| The | facts stated by claimant are correct to the best of my knowledge and belief and the signature of the | | | | | | | | |

The facts stated by claimant are correct to the best of my knowledge and belief and the signature of the employee/claimant is attested herewith.

| | Signature | "Y' |
|--|--------------------------------|----------------|
| | Name & CPF No | |
| Date: | Official seal &Designation | |
| (This is to be attested under official s | seal and date by the concerned | HR-ER Officer) |

| | TO RE | CERTIFI | ED RV HI | EAD OI | F CONCE | RNED PERSO | ONNEL CL | AIMS SE | Page 4 of 5 | 5 |
|--------------------------------|--|---|--|-----------------------------------|--------------------------------------|--------------------------------------|----------------------------|---------------------------------|--|---------|
| i) Org Un | it/ Project C | | | CAD OI | ii)Bill | | | ersonal A | | |
| | ls of outsta the date of | _ | | CPF Ad | Ivance (if | any, with deta | ails of recov | veries)/ 9 | 0% withdrawal | |
| | Date of amount drawn | Amount Drawn (Rs) | Instalm ent per month (Rs) | No of instal ment s | Refunds made (Rs) | Balance Outstanding (Rs) | Accrued interest recovered | Total recove ries (Rs) | Schedule No and page wherein the said deductions are made | |
| a)Refunda ble Advance | | | | | | | | | | |
| b) 90% Withdraw als paid | | | | | | | | | | |
| | able Incom | | | | • | ent along with e year of R | | | | _ |
| or int I am a than 9 | erest will be also aware t | e made go hat in the awal. In c | od by this | PCS C | Office. retiremen | t, no advance | shall be pa | id to the | member other e good the loss | |
| Date: (To b | | by the He a | nd of cond | Official No. | & CPF N al seal & I o with STI | Designation | | | | |
| <u> </u> | | | | | | | | | | |
| | Certified W/o Superann Incapabil | uated/ Te | that | Volumed by | Shri/S (ntarily Re the ap | mt/Kum CPF Account | Nod on accor | unt of P | Resigned Permanent Tota | / .1 |
| 3. 4. 5. | personal and Certified Certified family me | records. that claim that emp ember i.e. that empl that empl | ant is non loyee had wife and oyee has cumulatio | acts staninee as l not acchildren | s per nomi equired fa n) | nations furnis | shed by emphis death (i | ployee. If nomin | erified from the | n |
| | cate at Sl Nos. 3 to | | | nant is a no | minee/legal he | ir). | | | | |

(To be certified by the \pmb{Head} of $\pmb{concerned}$ $\pmb{HR-ER}$ $\pmb{Section}$ with designation and seal)

Name & CPF No

Signature

Date:

To :The Executive Officer, ONGC ECPF Trust, Shed No 4, Tel Bhavan, Dehradun, Uttarakhand Pin code: 248003

Official seal &Designation

.....

Tel No with STD Code:

INSTRUCTIONS TO FILL THE FORM

- Application should be submitted only in the Form No **SEP-CPF-02** (**Modified**) circulated by ONGC ECPF Trust, Tel Bhavan, Dehradun. [Copies available on ongcreports.net]. With the introduction of the new form, applications in the old forms are not to be sent to the ONGC ECPF Trust, nor will it be accepted.
- 2 All entries should be made in **CAPITAL LETTERS**
- 3 All information to be correctly filled in. Incomplete application forms will be returned in original to the concerned In charge HR-ER of the project/office from where the same was forwarded and treated as pending with the concerned project.
- 4 No overwriting or use of correction fluid is allowed.
- 5 For corrections, strike off the wrong entry and write correct entry, which should be initialled.
- Application Form is to be submitted in <u>DUPLICATE</u> to the concerned In charge HR-ER/Establishment of employee at the time of cessation of employment.
- One copy of the Application Form is to be retained and placed in the Personal File of the individual and the **ORIGINAL** form is to be forwarded to **Executive Officer, ONGC, ECPF Trust**, Shed No 4, Tel Bhavan, Dehradun, Uttarakhand-248 003. On settlement, a copy of the settlement bill will be sent to the concerned In charge HR-ER/Establishment, who will update the records at their end.
- 8 Part- A & C is to be filled in when the separating employee is himself applying for settlement

(or)

- Part-A, B & C to be filled in when any person other than the separating employee is applying (eg: Nominee, legal heir, guardian, etc) as provided for in the ONGC ECPF regulations.
- For Part A, Sl No 6, if the Provident Fund was deducted and deposited in the respective Regional PF Commissioner/ exempted Trust, please tick "Yes", else tick "No".
- 10 Kindly see that the following **CHECK LIST** is complete
 - 1. Struck off order from the concerned establishment (HR-ER), showing inter alia the date of separation, etc.
 - 2. In case of resignation,
 - (i) Where the fund is to be transferred to the new employer, the prescribed <u>Form 13</u> (available on ongcreports.net) is to be filled in from the new employer and submitted along with this Form.
 - (ii) A member may be permitted to withdraw the amount standing to his credit provided he has not been employed for a continuous period of not less than 2 (two) months immediately preceding the date on which he makes an application for withdrawal in an establishment to which the Act applies.
 - 3. Signature/thumb impression of the claimant is affixed at space marked "X"
 - 4. Signatures with Name, Designation, CPF Number and official seal of certifying officers at space marked "Y"
 - 5. Each claimant (in case of multiple nominees/legal heirs fills in separate claim forms having the information at Part B & C separate.
 - 6. Struck off order, Death certificate, Legal heirship certificate and other legal documents as required may be attached with the application for death cases.
 - 7. Details in Part-C, [Sl No 15 & 17] are compulsorily filled. Full postal address to be given.
 - 8. Photocopy of blank cancelled cheque for verification of bank details to be enclosed.

Note: Application form approved by the ONGC ECPF Board of Trustees in January 2007. Vide resolution NO 95 dated 30-01-2007.