

<p style="text-align: center;">Employee Declaration Voluntary Provident Fund Contribution (VPF)</p>

UAN : _____

EPF Member ID : _____

Employee Name : _____

With Effect From : _____

Contribution Amount : _____

Company Name : _____

Company Address : _____

I hereby declare my intention to enrol in the Voluntary Provident Fund (VPF) scheme.

I understand that once my VPF contributions begin, they must continue until the end of the current Provident Fund financial year or until my resignation, whichever occurs first.

Employee Signature

Date: