

(To be submitted in duplicate)

1. No. Name and address of Society /Bank
2. District Taluk
3. No. of employees (permanent, full time, regular)
4. Details of employees
5. Name of the Administration Department

Code No.
allotted

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Sl No	Name of Employees	Designation	Date of Birth	Date of entry in service	Date of appointment to full time regular post	Date of Joining the CPF	Date of commencement of the management contribution to CPF	Amount to be transferred and credited to the pension fund up to.....	Code No. of the employee
1	2	3	4	5	6	7	8	9	10

Certified that the details furnished above true and correct

Place
Date

President

Chief Executive

.....**Society /Bank**

*(Details to be submitted in the prescribed statement)

(PTO)