

JONT DECLARATON FORM - II

[Form to be used for contributing to the Provident Fund at **Higher Rate by the Employee only** on the Total wages exceeding the wage ceiling limit of Rs.6,500/- per month]

(See Paragraph 26(6) and Para 29 of the Employees' Provident Funds Scheme, 1952)

To
The Regional Provident Fund Commissioner,

Declaration by the Employee:

I,
Son of / Daughter of / Wife of
Bearing Provident Fund Account No.
am willing to contribute to the Employees' Provident Fund above the Statutory Rate at the rate of _____% as provided under Proviso to Para 29(2) of the Employees' Provident Funds Scheme, 1952 on my **Total Emoluments** consisting of Basic Pay, Dearness Allowance (including cash value of food concession) and Retaining Allowance (if any), which altogether exceeds Rs.6,500/- per month with effect from _____.
and agree to abide by the conditions contained in the Employees' Provident Funds Scheme, 1952.

I am aware of the provisions of Para 29 of the Employees' Provident Funds Scheme, 1952 that my Employer shall not be under an obligation to pay any contribution over and above his contribution payable at the prescribed statutory rate.

Therefore, kindly permit me to contribute at the rate of _____% on my Total Emoluments, with same benefits as available to other Provident Fund members whose monthly salary does not exceed Rs.6,500/- with effect from _____.

Signature of the Employee

Place:

Dated:

Declaration by the Employer:

We, as the Employers of the above mentioned Employee are acceptable to pay our share of contributions to the Employees' Provident Fund at the **Statutory Rate only** as prescribed under Para 29 of the Employees' Provident Funds Scheme, 1952 on the **Total Emoluments** of

Shri/Smt/Ms. _____ consisting of Basic Wages, Dearness Allowance (including cash value of food concession) and Retaining Allowance (if any), which altogether **not exceeding Rs.6,500/- per month.**

However, We agree to remit the Administrative Charges at the existing prescribed rate of 1.10% of the Total Wages of the above employee on which the Provident Fund contributions are proposed to be remitted at more than the statutorily prescribed rate as stated above by the member with effect from _____ and also agree to abide by the conditions contained in the Employees' Provident Funds Scheme, 1952.

The above Employee, may therefore be permitted to contribute his/her share of Provident Fund contributions at _____% on the Total Emoluments from the aforesaid date.

Signature of the Employer or
Authorised Official with Seal.

Place:

Dated:

For Office use:

OFFICE OF THE REGIONAL PROVIDENT FUND COMMISSIONER

The above Joint Declaration is accepted and necessary entries made in the Ledger Account of the Employee for verification with the Contribution Card in Form 3-A.

A.O. (with Seal)

A.P.F.C. (with Seal)

To

01. Shri / Smt / Ms
P.F. Account No.

(Through the Employer)

02. M/s.

*

(* Address Seal of the Establishment)

03. Area Enforcement Officer

Note: 1. This Joint Declaration is required to be submitted in Quadruplicate.
2. Recovery at enhanced rate may be started in anticipation of formal acceptance.
