

# The Tribune Employees Provident Fund Trust

FORM NO 19

## Provident Fund Withdrawal

**Name of Establishment - THE TRIBUNE TRUST**

|                                |  |
|--------------------------------|--|
| Name of Member                 |  |
| Father's Name                  |  |
| Employees Code / PF account No |  |
| Date of Joining                |  |
| Date of Leaving Service        |  |
| Date of Birth                  |  |
| Reason for Leaving Service     |  |
| Address                        |  |
| PAN No.                        |  |
| <b>Mode of Payment</b>         |  |
| Bank account No.               |  |
| Bank Name                      |  |
| IFS Code of Bank               |  |
| Contact No.                    |  |

### Declaration of Non Employment

I declare that I have not been employed in any factory or other establishment to which the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 applies for a continuous period of not less than 2 months immediately preceding the date of my application for final withdrawal of my provident fund money.

I certify that the particulars given above are true to the best of my knowledge.

(Signature of the Members}