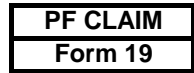


**MAHINDRA & MAHINDRA LIMITED STAFF PROVIDENT FUND**

South Building, Akurli Road, Kandivli-E, Mumbai-400101

Phone: 28467311, 28863400 Fax: 28878266



(Form to be used by a member of the M&M Staff Provident Fund for claiming the Employee Provident Fund dues)

To,  
Mahindra & Mahindra Limited Staff Provident Fund,  
South Building, Akurli Road,  
Kandivli-East,  
Mumbai-400101

Dear Sirs,

I hereby request you to settle my Provident Fund Account

1. Name of the Member : .....  
(IN BLOCK LETTERS)
2. Father's or Husband's Name : .....
3. Name of the M&M Sector/Unit in which : .....  
the member was last employed
4. Provident Fund Account No. : .....
5. Employee No. / Token No. : .....
6. Permanent Account Number (PAN) : .....  
(Income Tax)
7. i) Reason for leaving Service : \* Normal Retirement/VRS/Resignation/Termination/  
(\* Strike off whichever is not applicable) Overseas Migration
- ii) Date of leaving Service : .....
8. Full Postal Address with Pin Code : .....  
(IN BLOCK LETTERS) : .....  
: .....  
: .....  
: .....  
: .....  
: Pin Code: .....  
: Tel. No. : ..... Mobile No.....  
: Email ID : .....
9. Bank Particulars : .....
- i) Savings Bank Account No. : .....
- ii) Bank Name(IN BLOCK LETTERS) : .....
- iii) Branch (IN BLOCK LETTERS) : .....  
(Copy of cancelled cheque to be attached)
10. I certify that the particulars given above, are true.

**DECLARATION OF NON EMPLOYMENT**

I declare that I have not been employed in any Factory/ Establishment to which the EPF 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.

Date: .....

\_\_\_\_\_  
Signature or left/ Right Hand  
Thumb impression of the member

\*\*\*\*\*

**ADVANCE STAMPED RECEIPT**

Received a sum of Rs.\* .....(Rupees.....  
.....only)  
from Mahindra & Mahindra Limited Staff Provident Fund Trust, Vide cheque No..... dated  
..... Drawn on .....Bank.

Affix 1/-  
Rupee  
Revenue  
Stamp

\* The space should be left blank which shall be filled in by M&M Staff PF after settlement

\_\_\_\_\_  
Signature or left/right Hand  
Thumb impression of the member

\*\*\*\*\*

**EMPLOYER'S SIGNATURE**

The applicant has signed/thumb impressed before me:

Mr./Mrs. ....  
Company / Sector/ Unit .....

\_\_\_\_\_  
Name:.....  
Designation: .....  
Signature of the Employer or  
Authorised Official with Seal  
Date: .....

\*\*\*\*\*

Note:(i) Incomplete form shall be rejected  
(ii) Ensure that bank particulars are filled up correctly and copy of cancelled cheque is attached with this form.