

Instructions

Fill the form in ENGLISH Block letters.

- 1.1 Registered name of the employment.
- 1.2 Employer Number with Zone Code.
- 1.3 Postal Address of the employment.
- 1.4 Nature of Industry/Enterprise
- 2.1 Total number of employees as at the date of registration under e-Return System.
- 2.2 Total number of employees under Shop & Office Act as at the date of registration under e-Return System.
- 2.3 Total number of employees under Wages Boards Act as at the date of registration under e-Return System.
- 2.4 Total number of employees under other categories as at the date of registration under e-Return System.
03. Write the number of files (categories) send under one employer number per month (If any).
Ex- If only one file is submitted (including all the staff), the number should be "01".
If more files are submitted i.e, under two categories such as "Executive" & "Non-Executive", the number should be "02".
- 4.1 Names of 2 authorized contact officers of the employment.
- 4.2 Contact numbers of the officers.
- 4.3 Fax number of the employer.
- 4.4 Main e-mail address of the employer (If mode of submitting e-Return is "e-mail", Please write the e-mail address by which the e-returns will be sent).
- 4.5 Two optional e-mail addresses of the employer other than the main e-mail address.
05. Select the mode of payment by which the employer pay monthly contribution, such as "Cheque", "Cash" or "Direct Debit" (Put a tick mark (√) in the relevant cage) or specify if pay by other modes of payments which introduce by superintendent (EPF) from time to time.
06. Select the mode of sending e>Returns, such as EPF e-mail / website and specify if send through another mode which introduce by superintendent (EPF) from time to time.
07. The commencing month and the year for sending e>Returns.
08. Place the signature and the official stamp of the authorized officer at the end of the form.