Registration Form - e-Return System Employees' Provident Fund

Commissioner General of Labour (EPF) Superintendent (EPF)

I/We,	(Employer name) of EPF Registration No/	agree to submit EPF
contribution details th	rough e-Return System from the month of/20	And provide following details

01	Employer Details		
	Name of the Employment		
1.2	Employer Number		
1.3	Postal Address		
1.4	Nature of Industry/Enterprise	: [
02	Number of Employees	D D M M Y Y	
2.1	Total No. of Employees	: as at	
2.2	Total No. of Employees under Shop & Office Act		
2.3	Total No. of Employees under Wages Boards Act		
2.4	Total No. of Employees under Other Categories		
03	No. of files send as e-Returns	:	
04	Correspondence Details of the Employer		
4.1	Names of Contact Officers	: i.	
4.2	Telephone No's Mo	4 : i.	
	Land	ii. i iii iii iv	
4.3	Fax No.	:	
4.4	E-mail Address (Main)		
4.5	E-mail Addresses (Optional)	: ii.	
05	Mode of Payment	: Cheque Direct Debit Cash	
06	Mode of e-Retwns	Other (Specify) : EPF e-mail / website Other (Specify)	
07	Commencing month for sending e-Returns	D D M M Y Y	
info		sly consent to have my employment particulars with EPF updated with the I supersede all previous information. Any change of the given details will be	
08			
	0.		
	Signature of the authorized officer	r and the stan Date	

Instructions

Fill the form in ENGLISH Block letters.

- 1.1 Write the registered name of the employment.
- 1.2 Write the Employer Number with Zone Code.
- 1.3 Write the Postal Address of the employment.
- 1.4 Write the nature of Industry/Enterprise according to the
- 2.1 Write the total number of employees as at the date of registration under e-Return System.
- 2.2 Write the total number of employees under Shop & Office Act as at the date of registration under e-Return System.
- 2.3 Write the total number of employees under Wages Boards Act as at the date of registration under e-Return System.
- 2.4 Write the 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 it sends as a one file (including all the staff), the number should be "01".

If it sends under two categories such as "Executive" & "Non-Executive", the number should be "02".

- 4.1 Write the names of 2 authorized contact officers of the employment.
- 4.2 Write the contact numbers of the officers.
- 4.3 Write the fax number of the employer.
- 4.4 Write the main e-mail address of the employer.(If mode of e-return is "e-mail", Please write the e-mail address by which the e-returns will be sent)
- 4.5 Write two optional e-mail addresses of the employer other than 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 an other mode which introduce by superintendent (EPF) from time to time.
- 07 Write 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.