**Employees’ Pension Scheme 1995**

**FORM 4**

[See Paragraph 20]

(For exempted Establishments only)

**Return of Employees entitled for membership of the Employees’ Pension Fund during the Month of 20**

Name and Address of the Establishment

Code No. of the Establishment TN/

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Account No. | Name of the Employee (in block capitals) | Father’s name or Husband’s name (in case of married woman) | Age at Entry | Sex | Date of entitlement of membership | Remarks, Previous Account No. and particulars of pervious service, if any |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Stamp of the Establishment

Date

Signature of the Employer or other Authorised Officer

Of the Establishment

Note: An employee who has attained 55 years and or/drawing Pension under the EPS-95 is not to be enrolled as a member