

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

The Regional Provident Fund Commissioner
Employees' Provident Fund Organization (EPFO)
[Office Address]

[City, State, Zip Code]

Subject: Joint Declaration for EPF Account

Dear Sir/Madam,

We, the undersigned, hereby jointly declare the following information
pertaining to our Employees' Provident Fund (EPF) accounts for your
records:

1. Name of Member 1: [Member 1 Name]
EPF Account Number: [EPF Account Number]

UAN: [Universal Account Number]

2. Name of Member 2: [Member 2 Name]
EPF Account Number: [EPF Account Number]

UAN: [Universal Account Number]

We confirm that the details mentioned above are accurate to the best of
our knowledge. We request you to take note of this declaration for
updating our EPF records accordingly.

Thank you for your assistance.

Sincerely,

[Signature of Member 1]

[Name of Member 1]

[Signature of Member 2]

[Name of Member 2]

[Witness Signature (if required)]

[Witness Name]

[Witness Address]