**Provident Fund Withdrawal Form**

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **John Smith** | | |
| Employee ID / PF Number | PF-00245 | Department | Finance |
| Designation | Senior Accountant | Date of Joining | 01-Jan-2015 |
| Date of Leaving | 30-Sep-2025 | Contact Number | +1 555-786-4567 |
| Email Address | john.smith@email.com | | |

**B. Reason for Withdrawal**

☐ Retirement  ☐ Resignation  ☐ Termination  ☐ Medical Grounds  ☐ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_

1. **Bank Details (for Fund Transfer)**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name | ABC National Bank | Branch | Downtown Branch |
| Account Type | Savings | Account Number | 123456789 |
| IBAN / SWIFT Code | ABCNUS33 | Account Holder Name | John Smith |

1. **Provident Fund Contribution Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period** | **Employee Contribution (USD)** | **Employer Contribution (USD)** | **Interest Earned (USD)** | **Total (USD)** |
| 2015–2019 | 8,000 | 8,000 | 2,400 |  |
| 2020–2025 | 10,000 | 10,000 | 3,000 |  |
| **Total** |  |  |  |  |
| **Grand Total Provident Fund Payable** | | | |  |

**E. Declaration by Employee**

I, **John Smith**, hereby declare that the information provided above is true and correct. I request the full withdrawal of my Provident Fund balance as per the organization’s rules.

**Signature of Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. HR / Accounts Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Verified By | Mary Johnson | Designation | HR Officer |
| Date of Verification | 05-Oct-2025 | Amount Approved (USD) | 41,400 |
| Payment Method | Bank Transfer | Approval Signature |  |
| Date of Payment | 10-Oct-2025 |  |  |

**G. Notes**

* Attach a copy of your **National ID** and **Final Settlement Letter**.
* Processing time: **7–10 business days**.
* Any discrepancies must be reported to HR immediately.