

**SPMCIL EMPLOYEES PROVIDENT FUND TRUST**  
**Declaration Form 31 V**

**APPLICATION FORM FOR VOLUNTARY CONTRIBUTION**  
(See Rule 10(b) )

- Date of Application .....
1. Name of the employee .....
  2. Department / Section .....
  3. Account Number, if any .....
  - Ledger Folio No. ....
  4. Present Rate .....
  - (a) Basic Pay .....
  - (b) Dearness Allowance.....
  5. Present rate of contribution.....
  6. Proposed rate of contribution .....
  7. Difference on account of Voluntary Contribution .....
  8. Date from which such contribution is proposed to be made .....
  9. Address .....

Signature / Thumb Expression of Member

Voluntary contribution @ .....% permitted.

Employer signature with stamp:

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