

AFFIDAVIT CUM UNDERTAKING

To,

Hindustan Zinc Limited Employees Contributory Provident Fund Trust
CRDL Building, Zinc Smelter Debari,
Udaipur 313024, Rajasthan

I _____ Son/Daughter/Wife] of _____
presently residing at _____ and [retired from/ currently working in] Hindustan Zinc
Limited as _____hereby declare and undertake as follows:

1. I have read and understood the terms of Employees Pension Scheme, 1995 ('Pension Scheme') as amended from time to time including as it was before the amendment of 2014.
2. I am aware of Supreme Court judgment dated 04.11.2022 (In SLP (C) Nos.8658-8659 of 2019)
3. Pursuant to the aforesaid judgment dated 04.11.2022 and Employee Provident Organisation circular/order/notifications etc. I have exercised the joint option under para 11(3) and 11(4) of the pension scheme read with Section 4(d) of the Trust Rules
4. I agree and acknowledge that I will not be able to withdraw or modify my option once exercised, unless otherwise permitted by the Employees Provident Fund Organisation or the applicable law, and I will be bound by the terms of the pension scheme as may be notified or modified or communicated by the Employees Provident Fund Organisation from time to time.
5. I undertake and agree to make payment of due contribution along with interest up to the date of payment as demanded by EPFO through HZL Employee Contributory Provident Fund Trust or directly to EPFO office, as may be communicated by EPFO in terms of the Pension Scheme. Any clarifications/ notifications/ circulars/ orders in relation thereto including any further payments as may be required, shall be done without any delay or demur.
6. In case, where Hindustan Zinc Limited or Hindustan Zinc limited Employees Contributory provident Fund Trust is required to make any payment on my behalf to EPFO owing to failure on my part to contribute the amount pursuant to joint option exercised by me under para 11(3) & 11(4) of the pension scheme. I hereby permit Hindustan Zinc Limited and/or Hindustan Zinc limited Employees Contributory Provident Fund Trust to recover any due payments to the Employees Provident Fund Organisation in relation to the Pension Scheme from any dues to me from Hindustan Zinc Limited, or any source of fund held by the Hindustan Zinc limited ECPF Trust and Hindustan Zinc Limited.
7. Neither me, nor my assigns, nominees or family members, shall hold Hindustan Zinc limited or Hindustan Zinc Limited Employees Contributory Provident Fund Trust responsible or liable in any manner whatsoever for any act, commission or omission on the part Hindustan Zinc Limited or Hindustan Zinc Limited Employees Contributory Provident Fund Trust, in relation to my exercise of joint option under the Pension Scheme.

8. I agree that Hindustan Zin Limited Employees Contributory Provident Fund Trust and/or Hindustan Zinc Limited shall be entitled to initiate appropriate proceedings for recovery of any amount due in relation to aforesaid.

Signature _____

Name of [employee/Retired Employee] : _____

Employee ID : _____

Address : _____

: _____

Mobile No : _____

Witnesses

1. Signature : _____

Name : _____

Address : _____

: _____

Mobile No : _____

2. Signature : _____

Name : _____

Address : _____

: _____

Mobile No : _____