FORMAT FOR ONLINE IW-1 MONTHALY RETURN REQUIRED TO BE SUBMITTED BY EMPLOYER

STATEMENT SHOWING THE DETAILS OF EMPLOYEES QUALIFYING FOR MEMBERSHIP AS INTERNATIONAL WORKERS Under Para 83 of Employee's Provident Fund Scheme,1952 AS ON (30-APR-23)

(To be submitted immediately after the commencement of the scheme and along with Forms 5 (for UNEXEMPTED)/Form 4 PS (for EXEMPTED) every month,thereafter}

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Name and Address of the Establishment:CUSHMAN - WAKEFIELD PROPERITY MANAGEMENT SERVICE P LTD,B-6/8,COMMERCIAL COMPLEX,OPP.DEER,PARK,NEW DELHI,N.A

Establishment Code no:DLCPM0029123000

					Certificate of coverage related details in respected of Excluded Employee under Para 83(1)(f)(i)2(ii)				
S.NO	Name	UAN & Pf Account No	Monthly pay(In Rs.)	Nationality and Passport details	Employment Visa Details	Certificate of Coverage(COC) Details (For countries having SSA with India)	City	Country	Remarks
Part(A)(i) For International Workers under para 2(ja((a)(Outbound Indian Passport holder going to work in country with which India has SSA)									
NIL									
Part(B)(i) For International Workers under para 2(ja((b)(Inbound other than India Passport holder coming to work in India) (ii) For international Workers excluded under Para 83(I)(f)(ii)									
NIL									

Verified

*Pay as explained under para 30 of the EPS Scheme 1952

(CUSHMAN - WAKEFIELD PROPERITY MANAGEMENT SERVICE)

Signature of employer/authorised official

Stamp of the establishment