

MSEB CPF Portal - CPF Claims Submission Special Access Form (No - 102)

Company Name : _____

CPF Accounting/Location Unit Code (In 4 digits) : _____

CPF Accounting/Location Unit Name : _____

Sr. No.	Responsibility	Description	Request for Change of User/Authority	CPF Number for whom Access to give	Name of Employee for whom access to give	Designation	Mobile Number and Official email Id	Remarks For Change of User Access	Signature of Employee to whom special access to be given
1)	CPF Claims Preparing User	This user can enter the CPF Claims , CPF Nomination Forms, upload CPF Schedule data online, view their employees' CPF loan positions, existing CPF nominations etc. (He/She may be LDC/ UDC of HR Section)	New User as per revised work allocation due to Transfer/ Promotion/ Retirement/ Death/etc.	This role can now be assigned w.e.f. from 1.7-25 by HR Manager User to their location one LDC/UDC employee. Such employee details need not be forwarded to CPF section for access. See instructions uploaded under MSEB CPF Portal Instructions.					
2)	HR Manager User	This user can enter the CPF Claims, CPF Nomination Forms, upload CPF Schedule data online, view their employees' CPF loan positions, existing CPF nominations etc. This user can also verify and forward CPF Claims, CPF Nomination Forms, upload and finalise Schedule data online and Forward applications to CPF. (He/She may be Dy. Manager/ Manager/ Sr. Manager of HR Section i.e. HR Head of concern accounting location)	New Authority as per revised work allocation due to Transfer/ Promotion/ Retirement/ Death/etc.						

Note : Separate circular will be issued by CPF section for new online applications provision. _____ and filled up scanned copy of this form on mail msebcpf.rsm@gmail.com. Attach additional charge proof where applicable.

The concerned person of HR Section of the location must be registered as per CPF Circular No- 194 dated 06/01/2015 before sending this form to CPF Office.

Request Forwarding Authority (i.e. E.E./S.E./CGM(HR) of concern location)

Official Email id :

CPF No : _____ Name :

Designation :

Signature :

Date: