EPF Contribution File Format.

**File formatting:**

|  |  |
| --- | --- |
| **Line** | **Description** |
| 1 | Header Label |
| 2 | Header Data |
| 3 | Payment Record Label |
| 4 and onwards | Payment Record Data |
| Before last line | Trailer Record Label |
| Last line | Trailer Record Data |

**Header Record**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Label Name** | **Length** | **Value** | **Data Type** | **M/O** | **Scenario** | **Error Message** |
| 1 | Header Record  SIT 013 & SIT 012 | 1 | H - header record  Only allow H for this field. | Alphabet | M | Header empty | Header does not start with “H” |
| 2 | Employer EPF No  SIT014 | 19 | Employer EPF number  Left justify | Numeric | M | 1. Employer EPF No. empty  2. Employer EPF No not numeric | 1. Employer EPF No. is required  2. Employer EPF No. should be numeric |
| 3 | Contribution Month | 6 | MMYYYY | Numeric | M | 1. Contribution Month empty  2. Contribution Month not numeric | 1. Contribution Month is required.  2. Contribution Month should be numeric |
| 4 | Contact Person Name | 40 | EPF will contact this person if the employer or employee detail is wrong. | Alphabet | O |  | - |
| 5 | Contact Phone No | 20 | Please put 6 in front of the phone number. We assumed the international code should be given by user. System will not make any correction on the phone number | Numeric | O |  | - |
| 6 | Total Record  SIT 015 | 5 | Total record in this file | Numeric | M | 1. Total Record empty  2. Total Record mismatch  3. Total Record not numeric. | 1. Total Record is required.  2. Invalid Total Record  3. Total Record should be numeric |
| 7 | Total Amount  SIT016 | 15,2 | Total Amount in this file  Accepting amount format:-  9999999999999.99  9999999999999.9  9999999999999.  9999999999999 | Numeric | M | 1. Total Amount empty  2. Total Amount mismatch  3. Total Amount not numeric. | 1. Total Amount is required.  2. Invalid Total Amount  3. Total Amount should be numeric |

**Details Record**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Label Name** | **Length** | **Value** | **Data Type** | **M/O** | **Scenario** | **Error Message** |
| 1 | Payment Record  SIT016 | 1 | P - payment record  Only allow P for this field | Alpha | M | Detail Record empty | Detail Record does not start with “D” |
| 2 | Employer Contribution | 15,2 | Amount contributed by Employer  Accepting amount format:-  9999999999999.99  9999999999999.9  9999999999999.  9999999999999 | Numeric | M | 1. Employer Contribution Amount empty  2. Employer Contribution Amount not numeric | 1. Employer Contribution Amount is required.  2. Employer Contribution Amount should be numeric |
| 3 | Member Contribution | 15,2 | Amount contributed by member(employee)  Accepting amount format:-  9999999999999.99  9999999999999.9  9999999999999.  9999999999999 | Numeric | M | 1. Member Contribution Amount empty  2. Member Contribution Amount not numeric | 1. Member Contribution Amount is required.  2. Member Contribution Amount should be numeric |
| 4 | Member Wages | 15,2 | Wages of the employee  Accepting amount format:-  9999999999999.99  9999999999999.9  9999999999999.  9999999999999 | Numeric | O |  | - |
| 5 | Bene IC / ID / Registration No. | 15 | Vendor code, bene IC no, business reg. no | Alphanumeric | M | Member ID empty | Member ID is required. |
| 6 | Bene Name | 80 |  | Alphanumeric | M | Member Name empty | Member Name is required. |
| 7 | Member EPF No | 19 | Employee EPF No. also | Numeric | M | 1. Member Name empty  2. Member Name not numeric | 1. Member EPF No. is required.  2. Member EPF No. should be numeric. |