



## ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED) ]

( Tracking ID: 10094449232905002 )

Claim Date : 19/01/2021

EMPLOYEES' PROVIDENT FUND SCHEME, 1952  
(PARA 57)

(This form has been printed on the basis of Online Transfer Claim Form filled up by the member under Unified Portal for submission to the employer.)

To,  
The Regional P.F. Commissioner,  
HYDERABAD,  
Bhavishyanidhi Bhawan, No. 3-4-763, Barkatpura Chaman, Hyderabad

Sir,

I request that my Provident Fund balance along with my Pension Service Details may please be transferred to my present account under intimation to me. My details are as under :

**PART A : PERSONAL**

1. Name : ASHOK KUMAR L
2. Mobile Number : 9962546477
3. E-mail id : ashok6003@gmail.com
4. Bank Account Number : 5085470445
5. Bank IFSC : CITI0100000

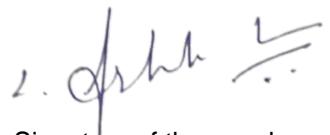
**PART B : DETAILS OF PREVIOUS PF ACCOUNTS (WHICH IS TO BE TRANSFERRED)**

1. PF Account No. (with EPFO) : APHYD00615370000030028
2. Name of the Establishment : VIRTUSA CONSULTING SERVICES (P) LTD
3. Address of the Establishment : SY NO115/PART, NANAKRAMGUDA VILL SERILINGAMPALLY HYDERABAD 617
4. PF A/C No. held by : HYDERABAD
5. Name of the Trust : NOT APPLICABLE
6. PF A/C No. in Trust : NOT APPLICABLE
7. Bank A/C No. of Trust : NOT APPLICABLE
8. IFS Code of the Bank Branch of Trust where account is : NOT APPLICABLE
9. Member's Name : ASHOK KUMAR L
10. Date of Birth : 02/09/1987
11. Father's/Spouse Name : LAKSHMANAN
12. Relationship : FATHER
13. Date of joining : 14/10/2019
14. Date of leaving : 17/07/2020

**PART C : DETAILS OF PRESENT PF**

1. PF Account No. (with EPFO) : GNGGN00055720002437087
2. Name of the Establishment : HCL TECHNOLOGIES LIMITED
3. Address of the Establishment : PLOT NO. 3, UDYOG VIHAR PHASE-I GURGAON 179
4. PF A/C No. held by : TRUST
5. Name of the Trust : Hindustan Instrument Ltd.
6. PF A/C No. in Trust : GNGGN5572466711
7. Bank A/C No. of Trust : 04851110000043
8. IFS Code of the Bank Branch of Trust where account is : HDFC0000485
9. Member's Name : ASHOK KUMAR L
10. Date of Birth : 02/09/1987
11. Father's/Spouse Name : LAKSHMANAN
12. Relationship : FATHER
13. Date of joining : 20/07/2020

I, Certify that all the information given above are true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.



Signature of the member

Note : Member should take a printout of this form and a signed copy of the same should be submitted to the Present Establishment i.e. HCL TECHNOLOGIES LIMITED