

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10061127274305001)

Claim Date: 14/06/2020

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,

BANDRA(MUMBAI-I),

341, Bhavishya Nidhi Bhawan Bandra (East), Mumbai

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 : SRAVYA PUJARI

2. Mobile Number : 9515101336

3. E-mail id : sravyapujari2011@gmail.com

4. Bank Account Number : 86601516117

5. Bank IFSC : ICIC0SF0002

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

1. PF Account No. (with EPFO : MHBAN00484750000451708

2. Name of the Establishment : TATA CONSULTANCY SERVICES LIMITED

3. Address of the Establishment : 11TH FLOOR, AIR INDIA BUILDING NARIMAN POINT MUMBAI 599

4. PF A/C No. held by : TRUST

5. Name of the Trust : TATA CONSULTANCY SERVICES EMPLOYEES PROVIDENT FUND

6. PF A/C No. in Trust : MHBAN00484750000451708

7. Bank A/C No. of Trust : 00601110003419

8. IFS Code of the Bank Branch of

Trust where account is : HDFC0000060

9. Member's Name : SRAVYA PUJARI

10. Date of Birth : 01/01/1994

11. Father's/Spouse Name : ramnagesh pujari

12. Relationship : FATHER

13. Date of joining : 01/06/2015

14. Date of leaving : 14/02/2019

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : APHYD00478020000025014

2. Name of the Establishment : DELOITTE SUPPORT SERVICES INDIA PRIVATE LIMITED

3. Address of the Establishment : PLOT NO.14&15, DELLOITTE DRIVE, ROAD NO.2, HITECH CITY LAYOUT

MADHAPUR 617

4. PF A/C No. held by : RO 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 : SRAVYA PUJARI

10. Date of Birth : 01/01/1994

11. Father's/Spouse Name : ramnagesh pujari

12. Relationship : FATHER

13. Date of joining : 18/02/2019

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 Previous Establishment i.e. TATA CONSULTANCY SERVICES LIMITED