

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

(Tracking ID: 10113884425505001)

Claim Date: 23/10/2018

# 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,

BOMMASANDRA.

ANNAPOORNESHWARI COMPLEX, 6TH MAIN, SINGASANDRA HOSUR MAIN RD, Bangalore

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 INFORMATION**

1. Name : JAGILETI HARIHARANANDANA GOUD

2. Mobile Number : 8500019158

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

4. Bank Account Number : 915010036910663

5. Bank IFSC : UTIB0000193

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

1. PF Account No. (with EPFO office): PYBOM00342720000806112

2. Name of the Establishment : ADECCO INDIA PVT. LTD.

3. Address of the Establishment : NO 2, NAL WIND TUNNEL ROAD, MURGESH PALYA, BANGALORE 656

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

5. Name of the Trust : ADECCO EMPLOYEES PROVIDENT FUND TRUST

6. PF A/C No. in Trust : PYBOM00342720000806112

7. Bank A/C No. of Trust : 910010050413042

8. IFS Code of the Bank Branch of

Trust where account is maintained: UTIB0000009

9. Member's Name : JAGILETI HARIHARANANDANA GOUD

10. Date of Birth : 03/07/1990

11. Father's/Spouse Name : J CHANDRA MOHAN GOUD

12. Relationship : FATHER

13. Date of joining : 18/11/2015

14. Date of leaving : 31/12/2016

## **PART C: DETAILS OF PRESENT PF ACCOUNT**

1. PF Account No. (with EPFO office): APHYD15410860000010025

2. Name of the Establishment : HIGH NOON CONSULTING PRIVATE LIMITED

3. Address of the Establishment : H NO 8-1-21/103 SURYA NAGAR COLONY TOLICHOWKI HYDERABAD 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 maintained: NOT APPLICABLE

9. Member's Name : JAGILETI HARIHARANANDANA GOUD

10. Date of Birth : 03/07/1990

11. Father's/Spouse Name : J CHANDRA MOHAN GOUD

12. Relationship : FATHER

13. Date of joining : 12/06/2017

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. ADECCO INDIA PVT. LTD.