

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10166675709105001)

Claim Date: 21/01/2024

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,

GURGAON.

Bhavishyanidhi Bhawan, Plot No. 43, Sector 44, Institutional Area, Gurgaon

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 : SOUMI SAHA

2. Mobile Number : 8697534206

3. E-mail id : 51919009@HCL.COM

4. Bank Account Number : 127401001778

5. Bank IFSC : ICIC0001274

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

1. PF Account No. (with EPFO : GNGGN00055720002449636

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 : GNGGN00055720002449636

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 : SOUMI SAHA

10. Date of Birth : 30/08/1996

11. Father's/Spouse Name : SANKAR SAHA

12. Relationship : FATHER

13. Date of joining : 22/12/2020

14. Date of leaving : 11/04/2023

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : GNGGN19505400000027034

2. Name of the Establishment : PRICEWATERHOUSECOOPERS SERVICES LLP

3. Address of the Establishment : Building No 8, Tower - B, Dlf Cyber City Gurugram GURGAON

4. PF A/C No. held by : RO GURGAON

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 : SOUMI SAHA

10. Date of Birth : 30/08/1996

11. Father's/Spouse Name : SANKAR SAHA

12. Relationship : FATHER

13. Date of joining : 17/04/2023

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. HCL TECHNOLOGIES LIMITED