TRANSFER CLAIM FORM **CLAIM ID**_____

FORM 13 (REVISED) (For EPFO Use only)

EMPLOYEES' PROVIDENT FUND SCHEME, 1952
(PARA 57)

To,
The Regional P F Commissioner,
Office Name: _____
Office Address: _____
_____
(Please see instruction 3)

To,
Trust Name: _____
Trust Address: _____
_____
_____
(In case the PF A/C is with Exempted Establishment)

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 und

PART A: PERSONAL INFORMATION

1. *Name: _____

2. *Father's/Husband's name: _____

3. Mobile number: _____ 4. E-mail id: _____
5. Bank A/C number: _____ 6. IFS code of Bank branch: _____

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

1. *PF Account No. : _____
In case the previous establishment is exempted under Employees' Provident Fund Scheme,1952
Pension Fund Account No. : _____

2. *Name and Address of the previous establishment: _____
_____
_____
_____

3. *PF Account is held by: (Name of EPF Office/ PF Trust) _____

4. *Date of Birth: _____ (dd/mm/yyyy) 5. *Date of joining: _____ (dd/mm/yyyy)

6. *Date of leaving: _____ (dd/mm/yyyy)

PART C: DETAILS OF PRESENT ACCOUNT

1. *PF Account No. :_____
In case the present establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : _____

2. *Name and Address of the present establishment:_____
_____
_____

3. *Account is held by: (Name of EPF Office / PF Trust): _____

4. *Date of joining :_____(dd/mm/yyyy)

5. #Name of Trust (to whom funds are to be paid in case of present establishment being exempted under EPF Scheme, 1952):_____

6. #Employee code under the Trust: _____

(* indicates mandatory fields) (# Strike off if not applicable)

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

Signature of the Member
Date: _____

IMPORTANT: ***Member has the option to get the claim form attested by present or previous employer. In case of attestation by the previous employer, time taken in settlement will be relatively less.***

Certified that I have verified the data in Part B in respect of the member mentioned in Part A of this form and the signature of the member.

Signature of Previous Employer

Seal of the Establishment **Date: _____**

OR

Certified that I have verified the data in Part C in respect of the member mentioned in Part A of this form.

Signature of Present Employer

Seal of the Establishment **Date: _____**

INSTRUCTIONS AND GUIDELINES

1. The Bank A/C details are for verification purpose even if the Fund is transferred to the EPFO Office/Trust maintaining the present account number.
2. In case the Previous Account was maintained by PF Trust of the exempted establishment, the member should submit a Transfer Claim Form {Form-13(Revised)} to the Trust while sending another Transfer Claim Form {Form-13(Revised)} to the PF Office for transferring the service details under the Pension Fund to the new account.
3. The Form should be submitted to that PF Office under which previous or the present account is maintained, depending upon as to which employer has attested the claim. (In case the claim is attested by the present employer, claim should be submitted with the PF Office under which the present account is maintained, and so on).
4. The mobile number (wherever provided) of the member would be used for sending an SMS alert informing him/her the processing of his/her claim and is non-mandatory for Physical form.