



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 | : KRUNAL GOVIND BANDKAR |
| 2. Mobile Number | : 8108515414 |
| 3. E-mail id | : - |
| 4. Bank Account Number | : 68025545077 |
| 5. Bank IFSC | : MAHB0000706 |

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

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| 1. PF Account No. (with EPFO | : MHBAN00469340000211941 |
| 2. Name of the Establishment | : NISA INDUSTRIAL SERVICES P. LTD |
| 3. Address of the Establishment | : 211 SAI COMMERCIAL CENTRE 504 LINKING ROAD KHAR (W) MUMBAI 598 |
| 4. PF A/C No. held by | : BANDRA(MUMBAI-I) |
| 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 | : KRUNAL GOVIND BANDKAR |
| 10. Date of Birth | : 09/06/1991 |
| 11. Father's/Spouse Name | : GOVIND |
| 12. Relationship | : FATHER |
| 13. Date of joining | : 05/04/2019 |
| 14. Date of leaving | : 30/04/2021 |

PART C : DETAILS OF PRESENT PF

1. PF Account No. (with EPFO) : THTHA02050400000010875
2. Name of the Establishment : SECURE 24 GUARDING SERVICES PVT.LTD.
3. Address of the Establishment : SHOP NO.50,CINEWONDER COMMERCIAL
COMPLEX,KAPURBAVDI,G.B.ROAD, THANE WEST 597
4. PF A/C No. held by : RO THANE (MUMBAI-II)
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 : KRUNAL GOVIND BANDKAR
10. Date of Birth : 09/06/1991
11. Father's/Spouse Name : GOVIND
12. Relationship : FATHER
13. Date of joining : 01/11/2021

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. SECURE 24 GUARDING SERVICES PVT.LTD.