

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10156314866705001)

Claim Date: 08/12/2024

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,

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 : RAKESH S

2. Mobile Number : 7411568202

3. E-mail id : -

4. Bank Account Number : 1065101119554

5. Bank IFSC : CNRB0001065

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

1. PF Account No. (with EPFO : MHBAN00472640000111857

2. Name of the Establishment : PRANAV ASSOCIATES

3. Address of the Establishment : UNIT NO. 8 DIAMODA GOLD TANVI COMPLEX, NEAR PETROL PUMP S V

ROAD DAHISAR EAST MUMBAI SUBURBAN

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 : RAKESH S

10. Date of Birth : 18/12/1995

11. Father's/Spouse Name : SEENAPPA M

12. Relationship : FATHER

13. Date of joining : 01/02/2020

14. Date of leaving : 30/04/2022

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : PYKRP00353210000010906

2. Name of the Establishment : EASTPOINT EDUCATIONAL INSTITUTIONS

3. Address of the Establishment . NO 2, 80 FT ROAD, 2ND BLOCK HRBR LAYOUT, KALYAN NAGAR

BANGALORE 656

4. PF A/C No. held by : SRO K R PURAM (WHITEFIELD)

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 : RAKESH S

10. Date of Birth : 18/12/1995

11. Father's/Spouse Name : SEENAPPA M

12. Relationship : FATHER

13. Date of joining : 24/07/2023

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. PRANAV ASSOCIATES