



## 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,  
RAJAMUNDRY,  
D.No 46-7-12, Sri Lakshmi Golden Plaza, 2nd 3rd Floors, Danavaipet,

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                | : K SARITHA   |
| 2. Mobile Number       | : 7893189867  |
| 3. E-mail id           | : -           |
| 4. Bank Account Number | : 30269585604 |
| 5. Bank IFSC           | : SBIN0005688 |

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

- |   |   |
|---|---|
| 1. PF Account No. (with EPFO                                | : GRRJY00384110000018981  |
| 2. Name of the Establishment                                | : INDIAN SECURITY FORCE   |
| 3. Address of the Establishment                             | : FLAT NO-3,5TH FLOOR<br>SS TOWERS OPP GREEN PARK HOTEL<br>DANAVAIPETA<br>RAJAHMUNDRY EAST GODAVARI |
| 4. PF A/C No. held by                                       | : RAJAMUNDRY  |
| 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<br>Trust where account is | : NOT APPLICABLE  |
| 9. Member's Name  | : K SARITHA   |
| 10. Date of Birth   | : 01/01/1981  |
| 11. Father's/Spouse Name                                    | : K RAMU  |
| 12. Relationship  | : HUSBAND   |
| 13. Date of joining   | : 01/08/2022  |

14. Date of leaving : 31/08/2023

**PART C : DETAILS OF PRESENT PF**

1. PF Account No. (with EPFO) : TNMAS00855740000063222
2. Name of the Establishment : CASA GRANDE PROP CARE PRIVATE LIMITED
3. Address of the Establishment : 6TH FLR N.NO.1 O.NO.59 LB ROAD THIRUVANMIYUR CHENNAI 685
4. PF A/C No. held by : RO CHENNAI
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 : K SARITHA
10. Date of Birth : 01/01/1981
11. Father's/Spouse Name : K RAMU
12. Relationship : HUSBAND
13. Date of joining : 01/09/2023

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 Present Establishment i.e. CASA GRANDE PROP CARE PRIVATE LIMITED