

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10051227021205004)

Claim Date: 01/11/2021

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 : PONGURU NAVEEN

2. Mobile Number : 9491278437

3. E-mail id : ponguru.naveen@gmail.com

4. Bank Account Number : 058201505980

5. Bank IFSC : ICIC0000582

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

1. PF Account No. (with EPFO : MHBAN20875150000010422

2. Name of the Establishment : ATG Business Solutions Private Limited

3. Address of the Establishment : 5th Floor Paville House Twin Tower Lane Off Veer Savarkar Marg Prabhadevi

MUMBAI CITY

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 : PONGURU NAVEEN

10. Date of Birth : 01/07/1992

11. Father's/Spouse Name : SREENIVASULU

12. Relationship : FATHER

13. Date of joining : 01/04/2020

14. Date of leaving : 06/08/2021

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : PYBOM00165730002299514

2. Name of the Establishment : MPHASIS LIMITED

. BAGMANE WORLD TECHNOLOGY CENTRE MARATHALLI, 3. Address of the Establishment

DODDANAKHUNDI VILLAGE MAHADEVAPURA BENGALURU

(BANGALORE) URBAN

 PF A/C No. held by
Name of the Trust TRUST

: TRUST : MPHASIS GROUP EMPLOYEES PROVIDENT FUND

6. PF A/C No. in Trust : KN165732299514

7. Bank A/C No. of Trust : 50100017019904

8. IFS Code of the Bank Branch of

: HDFC0000885 Trust where account is

9. Member's Name : PONGURU NAVEEN

10. Date of Birth : 01/07/1992

11. Father's/Spouse Name : SREENIVASULU

12. Relationship : FATHER

13. Date of joining : 09/08/2021

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. MPHASIS LIMITED