



ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10127426021005001)

Claim Date : 09/08/2022

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 : KUMAR PRATYUSH SINGH VISEN
2. Mobile Number : 9717131202
3. E-mail id : pratyush1217@gmail.com
4. Bank Account Number : 354301504948
5. Bank IFSC : ICIC0003543

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

1. PF Account No. (with EPFO) : MHBAN00039660000063880
2. Name of the Establishment : HINDUSTAN THOMPSON ASSO. LTD
3. Address of the Establishment : PENINSULA CHAMBERS 4TH FLOOR GANPATRAO KADAM MARG
LOWER PAREL 599
4. PF A/C No. held by : TRUST
5. Name of the Trust : HINDUSTAN THOMPSON ASSOCIATES LIMITED PROVIDENT FUND
6. PF A/C No. in Trust : MHBAN00039660000063880
7. Bank A/C No. of Trust : 50100012812988
8. IFS Code of the Bank Branch of
Trust where account is : HDFC0000542
9. Member's Name : KUMAR PRATYUSH SINGH VISEN
10. Date of Birth : 17/12/1992
11. Father's/Spouse Name : R P SINGH VISEN
12. Relationship : FATHER
13. Date of joining : 01/10/2018
14. Date of leaving : 03/07/2021

PART C : DETAILS OF PRESENT PF

1. PF Account No. (with EPFO) : APHYD00242250000017157
2. Name of the Establishment : KANTAR GDC INDIA PRIVATE LIMITED
3. Address of the Establishment : 7TH FLOOR ORION BLOCK V-ASCENDAS IT PARK PLOT 17 SOFTWARE
UNITS LAYOUT MADHAPUR HYDERABAD
4. PF A/C No. held by : RO HYDERABAD
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 : KUMAR PRATYUSH SINGH VISEN
10. Date of Birth : 17/12/1992
11. Father's/Spouse Name : R P SINGH VISEN
12. Relationship : FATHER
13. Date of joining : 21/03/2022

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.

Pratyush Singh

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. HINDUSTAN THOMPSON ASSO. LTD