



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,  
DELHI (SOUTH),  
EPFO Complex, Plot No. 23 Behind ACP Office, Sector-23, Dwarka, New Delhi

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 INFORMATION**

- |                        |                          |
|------------------------|--------------------------|
| 1. Name                | : YAMUNA RANI K          |
| 2. Mobile Number       | : 9941018289             |
| 3. E-mail id           | : YAMUNAKASI16@GMAIL.COM |
| 4. Bank Account Number | : 159941018289           |
| 5. Bank IFSC           | : INDB0000388            |

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

1. PF Account No. (with EPFO) : DSNHP09379040000028283
2. Name of the Establishment : CARE HEALTH INSURANCE LIMITED
3. Address of the : 5TH FLOOR, 19 CHAWLA HOUSE NEHRU PLACE NEW DELHI SOUTH
4. PF A/C No. held by : DELHI (SOUTH)
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 : NOT APPLICABLE
9. Member's Name : YAMUNA RANI K
- 10 Date of Birth : 26/07/1969
- 11 Father's/Spouse Name : M KASI
- 12 Relationship : FATHER
- 13 Date of joining : 22/10/2018
- 14 Date of leaving : 08/08/2024

**PART C : DETAILS OF PRESENT PF ACCOUNT**

1. PF Account No. (with EPFO) : MHBAN00484390000656336
2. Name of the Establishment : RELIANCE NIPPON LIFE INSURANCE COMPANY LIMITED
3. Address of the : 4TH FLOOR UNIT NO 401B 402 403 404 G BLOCK BKC MAIN ROAD BKC  
BANDRA E BANDRA EAST MUMBAI CITY
4. PF A/C No. held by : RO 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 : NOT APPLICABLE
9. Member's Name : YAMUNA RANI K
- 10 Date of Birth : 26/07/1969
- 11 Father's/Spouse Name : M KASI
- 12 Relationship : FATHER
- 13 Date of joining : 13/06/2024

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