



## 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,  
K R PURAM (WHITEFIELD),  
No. 36, NH-4, Lakshmi Complex Opp. Syndicate Bank, Old Madras Road K.R. Puram,

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                | : SUDHARANI N M   |
| 2. Mobile Number       | : 9606876615      |
| 3. E-mail id           | : -               |
| 4. Bank Account Number | : 245012010000132 |
| 5. Bank IFSC           | : UBIN0824500     |

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

- |  |  |
|--|--|
| 1. PF Account No. (with EPFO                             | : PYKRP00193920000024782                                   |
| 2. Name of the Establishment                             | : SHABARI ENTERPRISES                                      |
| 3. Address of the Establishment                          | : NO 30 MAIN ROAD KODI CIRCLE WHITEDICD POST BANGALORE 656 |
| 4. PF A/C No. held by                                    | : 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   | : SUDHARANI N M  |
| 10. Date of Birth  | : 20/07/1972   |
| 11. Father's/Spouse Name                                 | : G N SREENIVASULU   |
| 12. Relationship   | : HUSBAND  |
| 13. Date of joining                                      | : 01/05/2012   |
| 14. Date of leaving                                      | : 30/09/2015   |

**PART C : DETAILS OF PRESENT PF**

1. PF Account No. (with EPFO) : PYBOM00616420000002489
2. Name of the Establishment : SHINE MANAGEMENT SERVICES
3. Address of the Establishment : 110, SUMMER CASTLE, OURTER CIRCLE WHITEFIELD, BANGALORE  
BANGALORE 656
4. PF A/C No. held by : SRO BOMMASANDRA
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 : SUDHARANI N M
10. Date of Birth : 20/07/1972
11. Father's/Spouse Name : G N SREENIVASULU
12. Relationship : HUSBAND
13. Date of joining : 01/10/2015

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. SHINE MANAGEMENT SERVICES