

## ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10001481077105001)

Claim Date: 22/09/2023

#### 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,

THANE (MUMBAI-II),

Vardan Commercial Complex,6thFloor, M.I.D.C. Road No.16, Wagle Estate, Thane

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 : ABHIJEET JAIN

2. Mobile Number : 9769988117

3. E-mail id : abhijeetjain14@gmail.com

4. Bank Account Number : 104501509698

5. Bank IFSC : ICIC0001045

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

1. PF Account No. (with EPFO : THTHA00004240000114317

2. Name of the Establishment : LARSEN & TOUBRO LTD

3. Address of the Establishment : POWAI WORKS, SAKI VIHAR ROAD, MUMBAI 598

4. PF A/C No. held by : TRUST

5. Name of the Trust : Larsen and Toubro Officers and supervisory staff provident fund

6. PF A/C No. in Trust : THTHA00004240000114317

7. Bank A/C No. of Trust : 00601110005352

8. IFS Code of the Bank Branch of

Trust where account is : HDFC0000060

9. Member's Name : ABHIJEET JAIN

10. Date of Birth : 14/09/1983

11. Father's/Spouse Name : FATHER

12. Relationship : FATHER

13. Date of joining : 02/01/2014

14. Date of leaving : 13/04/2023

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

1. PF Account No. (with EPFO : PYBOM00165730002323252

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 : PYBOM00165730002323252

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 : ABHIJEET JAIN

10. Date of Birth : 14/09/1983

11. Father's/Spouse Name : FATHER

12. Relationship : FATHER

13. Date of joining : 19/05/2023

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 Previous Establishment i.e. LARSEN & TOUBRO LTD