

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10115274140605001)

Claim Date: 25/09/2021

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 : ROZER BHATTI

2. Mobile Number : 8427641819

3. E-mail id : bhatti.rozer@gmail.com

4. Bank Account Number : 50100210625075

5. Bank IFSC : HDFC0001407

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

1. PF Account No. (with EPFO : MHBAN00496110000097763

2. Name of the Establishment : HDB FINANCIAL SERVICES LIMITED

3. Address of the Establishment : 2ND FLR, PROCESS HOUSE, KAMALA MILLS COMPOUND SENAPATI

BAPAT MARG LOWER PAREL 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 : ROZER BHATTI

10. Date of Birth : 31/10/1982

11. Father's/Spouse Name : SHAMSHER BHATTI

12. Relationship : FATHER

13. Date of joining : 27/06/2017

14. Date of leaving : 30/11/2017

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : GNGGN00295510000010512

2. Name of the Establishment : ADRA INDIA

3. Address of the Establishment : 45 KUSUM MARG H. BLOCK DLF-I GURGAON GURGAON 179

4. PF A/C No. held by : RO GURGAON

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 : ROZER BHATTI

10. Date of Birth : 31/10/1982

11. Father's/Spouse Name : SHAMSHER BHATTI

12. Relationship : FATHER

13. Date of joining : 15/10/2019

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. ADRA INDIA