

TRANSFER CLAIM FORM

CLAIM ID _____

FORM LI (REVISED)

(For EPFO Use only)

**EMPLOYEES' PROVIDENT FUND SCHEME, 1952
(PARA 57)**

To,
The Regional P F Commissioner,
Office Name: Regional PF Office
Office Address: Maripalem
Vuda Lay Out, Andhrapradesh

(Please see instruction 3)

To,
Trust Name: Leave this blank
Trust Address: _____

(in case the PF A/C is with Exempted Establishment)

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: Ch Harish Kumar
2. * Father's/Husband's name: Ch Simhachalam
3. Mobile number: 9848XXXX12 4. E-mail id: xyz@gmail.com
5. Bank A/C number: 32856256210 6. IF5 code of Bank branch: SBIX000123

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

1. * PF Account No. : GRVSP0078089000000123 UAN : 100023123456
In case the previous establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : _____
2. * Name and Address of the previous establishment: The ABC Company Pvt Ltd, Achyutha Puram,
Visakhapatnam
3. * PF Account is held by: (Name of EPF Office/ PF Trust) Visakhapatnam
4. * Date of Birth: 25/07/1990 (dd/mm/yyyy) 5. * Date of joining : 09/10/2013 (dd/mm/yyyy)
6. * Date of leaving: 20/02/2017 (dd/mm/yyyy)

PART C: DETAILS OF PRESENT ACCOUNT

1. * PF Account No. : GRVSP00700040000000456 UAN : 100023123456
In case the present establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : _____
2. * Name and Address of the present establishment: The ABC Company Ltd, Autonagar, Visakhapatnam