

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10008346901005002)

Claim Date: 26/12/2019

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,

KR 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 : ANIKET CHHABRA

2. Mobile Number : 9953906615

3. E-mail id : aniketchhabra.1987@gmail.com

4. Bank Account Number : 5721140119548

5. Bank IFSC : HDFC0000572

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

1. PF Account No. (with EPFO : PYKRP00523490000009739

2. Name of the Establishment : FIDELITY BUSINESS SERVICES INDIA PVT.LTD

3. Address of the Establishment : PINEHURST EMBASSAY GOLF BUISNESS OFF INTERMEDIATE RING

ROAD BANGALORE 636

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 : ANIKET CHHABRA

10. Date of Birth : 13/12/1987

11. Father's/Spouse Name : HARI MOHAN

12. Relationship : FATHER

13. Date of joining : 19/11/2015

14. Date of leaving : 10/01/2019

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : TNMAS00531220000015070

2. Name of the Establishment : PAYPAL INDIA PRIVATE LTD

3. Address of the Establishment : FUTURA IT PARK, BLOVK A, IST FLOOR, NO.334.OLD MAHABALIPURAM

RD, SHOLINGANALLUR 685

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

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 : ANIKET CHHABRA

10. Date of Birth : 13/12/1987

11. Father's/Spouse Name : HARI MOHAN

12. Relationship : FATHER

13. Date of joining : 31/01/2019

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 Previous Establishment i.e. FIDELITY BUSINESS SERVICES INDIA PVT.LTD