

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10046936375705001)

Claim Date: 17/04/2019

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,

CHENNAI.

No. 37, Royapettah High Road, Opposite Swagat Hotel, Chennai

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 : CHIMMULA RAMESH

2. Mobile Number : 9052354822

3. E-mail id : ramesh.teja569@gmail.com

4. Bank Account Number : 32736559704

5. Bank IFSC : SBIN0003609

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

1. PF Account No. (with EPFO office): TNMAS00504390001009804

2. Name of the Establishment : QUANTUM LEAP CONSULTING PRIVATE LIMITED

3. Address of the Establishment : 3-4,6TH FLOOR,KASI ARCADE,116THYAGA RAYA ROAD,T.NAGAR.

CHENNAI 685

4. PF A/C No. held by : 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 maintained: NOT APPLICABLE

9. Member's Name : CHIMMULA RAMESH

10. Date of Birth : 20/07/1990

11. Father's/Spouse Name : SOMAIAH C

12. Relationship : FATHER

13. Date of joining : 14/11/2016

14. Date of leaving : 04/09/2018

PART C: DETAILS OF PRESENT PF ACCOUNT

1. PF Account No. (with EPFO office): APHYD00357090001014955

2. Name of the Establishment : ADP PRIVATE LIMITED

6-3-1091/C/1, "FORTUNE 9" RAJ BHAVAN ROAD, SOMAJIGUDA. 3. Address of the Establishment

HYDERABAD 617

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

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 maintained: NOT APPLICABLE

9. Member's Name : CHIMMULA RAMESH

10. Date of Birth : 20/07/1990

11. Father's/Spouse Name : SOMAIAH C

12. Relationship : FATHER

13. Date of joining : 04/03/2019

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. QUANTUM LEAP CONSULTING PRIVATE LIMITED