

Request No. : REQ-22187

Employee Id : 51352919
Mobile No. : 8939113654
Email-Id : sreeni.dondla@gmail.com

EMPLOYEES' PROVIDENT FUND ORGANIZATION
COMPOSITE CLAIM FORM (NON-AADHAAR)

- 1) Claims Applied for **I) Final PF Settlement ()** **II) Pension Withdrawal Benefits (✓)**
2) Name of the member (In Capital Letters) : **SREENIVASULU DONDLAPADU**
3) a) Universal Account Number (UAN) :
b) Pension Account No. : **GN/GGN/005572/186960**
4) Name and address of the Factory : **HCL Technologies Limited**
/Establishment in which the member **Plot No. 3, Udyog Vihar,**
was last employed **Phase-1, Gurugram - 122 016**
5) Aadhaar No./Aadhaar Enrollment No. : **243695750552**
6) Father's Name/Husband's Name : **SUBBAIAH DONDLAPADU**
7) Date of Birth : **10-Jun-1985**
8) Date of Joining the establishment : **07-Oct-2010**
9) Date of leaving service : **19-Aug-2011**
10) Permanent Account No. (PAN) : **AREPD3417H**
11) Reason for leaving service : **Resignation**
12) Are you willing to accept Scheme : **NO**
Certificarte in lieu of withdrawal benefits
13) Particulars of Family

Family member(s) / Nominee	Name	D.O.B	Relationship with member	Name of the Guardian for minor
Member-1				
Member-2				
Member-3				
Nominee				

- 14) Bank Account details for Payment : S.B. Account No.: **04441140086026**
Name of the Bank: **HDFC**
Branch: **VELACHERY**
Full address of the Branch: **VELACHERY**
IFSC Code: **HDFC0000444**

- 15) Full Postal Address : **PLOT NO:10, JAYASHREE, 3RD-FLOOR, RAJAJI NAGAR MAIN ROAD,SADASIVAM NAGAR, MADIPAKAM, CHENNAI-600091**

➤ Certified that the particulars are true to the best of my knowledge.

Date :

Signature or Left hand thumb

Impression of the member

Signature of the employer or Authorised official