Request No. : REQ-22187Employee Id : 51352919

Mobile No. : 8939113654

Email-Id: sreeni.dondla@gmail.com

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

Claims Applied for I) Final PF Settlement (✓)
 Name of the member (In Capital Letters)

3) a) Universal Account Number (UAN)

b) PF Account No.

- 4) Name and address of the Factory /Establishment in which the member was last employed
- 5) Aadhaar No./Aadhaar Enrollment No.
- 6) Father's Name/Husband's Name
- 7) Date of Birth
- 8) Date of Joining the establishment
- 9) Date of leaving service
- 10) Permanent Account No. (PAN)
- 11) Reason for leaving service
- 12) Bank Account details for Payment

II) Pension Withdrawal Benefits (

: SREENIVASULU DONDLAPADU

:

: GN/GGN/005572/0000200084 : HCL Technologies Limited Plot No. 3, Udyog Vihar, Phase-1,Gurugram - 122 016

: 243695750552

: SUBBAIAH DONDLAPADU

: 10-Jun-1985 : 07-Oct-2010 : 19-Aug-2011 : AREPD3417H : Resignation

: S.B. Account No.: 04441140086026

Name of the Bank: HDFC Branch: VELACHERY

Full address of the Branch: VELACHERY

IFSC Code: HDFC0000444

13) 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

- The member hereby declares that he/she has not been employed in any factory/establishment to which the Act applies for continuous period of not less than 2 months immediately preceding the date of my application for final withdrawal of may provident fund money.
- > 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