Request No.: REQ-55147

Employee Id: 51629650 Mobile No.: 8148015090

Email-Id: harikrishnanp88@gmail.com

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

1) Claims Applied for I) Final PF Settlement ()

2) 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 (

: HARIKRISHNAN P

: 100923816847

: GN/GGN/005572/0000353742

: HCL Technologies Limited Plot No. 3, Udyog Vihar,

Phase-1, Gurugram - 122 016

: 924091671064

: PARAMASIVAM A

: 15-May-1989

: 12-Sep-2016

: 22-Mar-2019

: AHAPH8515L : Resignation

: S.B. Account No.: 50100176581841

Name of the Bank: HDFC BANK

Branch: **DLF CHENNAI**

Full address of the Branch: DLF CHENNAI

IFSC Code: HDFC0001869

13) Full Postal Address

: NO 107, LALBAGADUR SASTHRI STREET,, SM BLOCK, JAFERKHANPET, CHENNAI, CHENNAI - 600083

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:

31 (07/2019

Signature or Left hand thumb

Impression of the member

Signature of the employer or Authorised official