

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10189410454205001)

Claim Date: 12/09/2024

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,

BOMMASANDRA,

ANNAPOORNESHWARI COMPLEX, 6TH MAIN, SINGASANDRA HOSUR MAIN RD, Bangalore

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 : K SAI SARATH

2. Mobile Number : 9492305804

3. E-mail id : saisarath88@gmail.com

4. Bank Account Number : 720901501516

5. Bank IFSC : ICIC0007209

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

1. PF Account No. (with EPFO : PYBOM00165730002318802

2. Name of the Establishment : MPHASIS LIMITED

3. Address of the Establishment BAGMANE WORLD TECHNOLOGY CENTRE MARATHALLI,

DODDANAKHUNDI VILLAGE MAHADEVAPURA BENGALURU

(BANGALORE) URBAN

4. PF A/C No. held by : TRUST

5. Name of the Trust : MPHASIS GROUP EMPLOYEES PROVIDENT FUND

6. PF A/C No. in Trust : PYBOM00165730002318802

7. Bank A/C No. of Trust : 50100017019904

8. IFS Code of the Bank Branch of

Trust where account is : HDFC0000885

9. Member's Name : K SAI SARATH

10. Date of Birth : 03/03/1999

11. Father's/Spouse Name : KARRA SYAMA SUNDARA SARMA

12. Relationship : FATHER

13. Date of joining : 19/03/2021

14. Date of leaving : 20/05/2024

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : PYBOM00100880002135679

2. Name of the Establishment : INFOSYS LIMITED

3. Address of the Establishment : 44 97A, 3RD CROSS, ELECTRONIC CITY, HOSUR ROAD BANGALORE

BENGALURU (BANGALORE) URBAN

4. PF A/C No. held by : TRUST

5. Name of the Trust : INFOSYS LIMITED EMPLOYEES' PROVIDENT FUND TRUST

6. PF A/C No. in Trust : PYBOM10088676449

7. Bank A/C No. of Trust : 000201006266

8. IFS Code of the Bank Branch of

Trust where account is : ICIC0000552

9. Member's Name : K SAI SARATH

10. Date of Birth : 03/03/1999

11. Father's/Spouse Name : KARRA SYAMA SUNDARA SARMA

12. Relationship : FATHER

13. Date of joining : 23/05/2024

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. MPHASIS LIMITED