

# ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10149889103905001)

Claim Date: 07/03/2025

### 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 : SELLADURAI D

2. Mobile Number : 7639569741

3. E-mail id : smkarthika2000@gmail.com

4. Bank Account Number : 076001000020806

5. Bank IFSC : IOBA0000760

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

1. PF Account No. (with EPFO : PYBOM00161860000015104

2. Name of the Establishment : GREENPIECE LANDSCAPES INDIA PVT. LTD.

3. Address of the Establishment : S2, 104, 13TH MAIN, HSR LAYOUT, SECTOR - 5, BANGALORE 656

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

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 : NOT APPLICABLE

9. Member's Name : SELLADURAI D

10. Date of Birth : 12/07/1974

11. Father's/Spouse Name : DURAISAMY

12. Relationship : FATHER

13. Date of joining : 08/08/2019

14. Date of leaving : 31/03/2024

# **PART C: DETAILS OF PRESENT PF**

1. PF Account No. (with EPFO : BGBNG00431130001082096

2. Name of the Establishment : QUESS CORP LIMITED

3. Address of the Establishment : STAR OFFICE NO 10 VENKATTA REDDY

LAYOUT 80FT ROAD 6TH BLOCK KORAMANG BANGALORE

BENGALURU (BANGALORE) URBAN

4. PF A/C No. held by5. Name of the Trust1. RO BANGALORE2. 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 : NOT APPLICABLE

9. Member's Name : SELLADURAI D

10. Date of Birth : 12/07/1974

11. Father's/Spouse Name : DURAISAMY

12. Relationship : FATHER

13. Date of joining : 01/04/2024

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