

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10045603110605001)

Claim Date: 01/04/2020

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,

BANDRA(MUMBAI-I),

341, Bhavishya Nidhi Bhawan Bandra (East), Mumbai

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 : NEERUGATTI JYOTHI

2. Mobile Number : 8971303120

3. E-mail id : njyothi489@gmail.com

4. Bank Account Number : 50100057939921

5. Bank IFSC : HDFC0001232

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

1. PF Account No. (with EPFO : MHBAN00453270000170066

2. Name of the Establishment : HDB FINANCIAL SERVICES LTD

3. Address of the Establishment : ZENITH HOUSE, OPP MAHALAXMI RACE COU K K MARG, MAHALAXMI

MAHALAXMI 599

4. PF A/C No. held by : BANDRA(MUMBAI-I)

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 : NEERUGATTI JYOTHI

10. Date of Birth : 04/08/1987

11. Father's/Spouse Name : MUNI VENKATAPPA

12. Relationship : FATHER

13. Date of joining : 16/10/2014

14. Date of leaving : 03/07/2017

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : PYKRP00358020000126809

2. Name of the Establishment : CONCENTRIX DAKSH SERVICES INDIA PRIVATE LIMITED

3. Address of the Establishment : PLOT 97 SY NO 152 EPIP AREA WHITEFIELD INDL AREA BANGLAORE

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4. PF A/C No. held by : SRO K R PURAM (WHITEFIELD)

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 : NEERUGATTI JYOTHI

10. Date of Birth : 04/08/1987

11. Father's/Spouse Name : MUNI VENKATAPPA

12. Relationship : FATHER

13. Date of joining : 29/05/2018

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 Present Establishment i.e. CONCENTRIX DAKSH SERVICES INDIA PRIVATE LIMITED