



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,
DELHI (NORTH),
28, Community Centre, Wazirpur Industrial Area, Delhi

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 | : SATYENDRA NARAYAN SINGH |
| 2. Mobile Number | : 7835977265 |
| 3. E-mail id | : - |
| 4. Bank Account Number | : 20290356779 |
| 5. Bank IFSC | : FINO0009002 |

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

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| 1. PF Account No. (with EPFO | : DLCPM00215470000115994 |
| 2. Name of the Establishment | : DEC PROPERTY MANAGEMENT INDIA PVT LTD |
| 3. Address of the Establishment | : 1101, GOPAL HEIGHTS D-9, NETAJI SUBHASH PLACE, PITAMPURA NEW DELHI NORTH WEST |
| 4. PF A/C No. held by | : DELHI (NORTH) |
| 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 | : SATYENDRA NARAYAN SINGH |
| 10. Date of Birth | : 26/01/1972 |
| 11. Father's/Spouse Name | : RAM NARAYAN SINGH |
| 12. Relationship | : FATHER |
| 13. Date of joining | : 01/01/2023 |
| 14. Date of leaving | : 31/01/2023 |

PART C : DETAILS OF PRESENT PF

1. PF Account No. (with EPFO) : DLCPM00077180000345086
2. Name of the Establishment : AHLUWALIA CONTRACTS (INDIA) LIMITED
3. Address of the Establishment : B-4/205 SAFDARJUNG ENCLAVE NEW DELHI 181
4. PF A/C No. held by : RO DELHI (NORTH)
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 : SATYENDRA NARAYAN SINGH
10. Date of Birth : 26/01/1972
11. Father's/Spouse Name : RAM NARAYAN SINGH
12. Relationship : FATHER
13. Date of joining : 16/04/2023

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. AHLUWALIA CONTRACTS (INDIA) LIMITED