



ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10095656977605001)

Claim Date : 24/10/2018

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,
HYDERABAD,
Bhavishyanidhi Bhawan, No. 3-4-763, Barkatpura Chaman, Hyderabad

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 INFORMATION

1. Name : MALIREDDI PANDAVULU
2. Mobile Number : 9618463746
3. E-mail id : pandu143m@gmail.com
4. Bank Account Number : 5375876558
5. Bank IFSC : CITI00000006

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

1. PF Account No. (with EPFO office) : APHYD00610930000000081
2. Name of the Establishment : ALACRITI INFORSYSTEMS PVT LTD
3. Address of the Establishment : PLOT NO 2-93/8,3 CUBE TOWERS 3RD FLOOR,WHITE
FIELDS,KONDAPUR HYDERABAD 617
4. PF A/C No. held by : HYDERABAD
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 maintained : NOT APPLICABLE
9. Member's Name : MALIREDDI PANDAVULU
10. Date of Birth : 08/06/1990
11. Father's/Spouse Name : V SATYANARAYANA
12. Relationship : FATHER
13. Date of joining : 13/08/2012