



ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]
(Tracking ID 999240051704170089452)
(Submitted through the member log-in 7410640)
Claim Date : 17-04-2017

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 for submission to the employer)

To,
The Regional P.F. Commissioner,
BANGALORE
KN KN

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 : RAMKUMAR P M
2. Mobile Number : 8861083384
3. E-mail id : pmramkumar21@gmail.com
4. Bank Account Number : Not Applicable
5. Bank IFSC : Not Applicable

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

1. P.F. Account No. (with EPFO office) : BGBNG00184330000004532
2. Name of the Establishment : ADITI TECHNOLOGIES (P) LTD.
3. Address of the Establishment : C4 BLK, WING A MANYATA SEZ PARK RACHENAHALLI
NAGAWARA VILLAGE BANGALORE 656 KN 560045
4. PF A/C No. held by : BANGALORE
5. Name of the Trust : Not Applicable
6. PF A/C No. in Trust : Not Applicable
7. Member Name : RAMKUMAR PERUMBOL MUNUSWAMY
8. Date of Birth : 21-12-1980
9. Father's/Spouse Name : MUNUSWAMY RAMALINGAM
10. Relationship : FATHER
11. Date of joining : 31-07-2015
12. Date of leaving : 30-06-2016

PART C: DETAILS OF PRESENT ACCOUNT

1. P.F. Account No.(with EPFO : BGBNG00416530000002433 office)
2. Name of the Establishment : AXA TECHNOLOGY SERVICES INDIA PRIVATE LIMITED
3. Address of the Establishment : 1ST & 2ND FLOOR,MFAR MANYATA TECH PARK, PHASE IV,RUCHENAHALLI VILLAGE NAGAWARA 656 KN 560045
4. PF A/C No. held by : AXA Employees Provident Fund Trust
5. Name of the Trust : AXA Employees Provident Fund Trust
6. PF A/C No. in Trust :
7. Bank Account Number of Trust : 00091110000238
8. IFS Code of the Bank Branch : HDFC0000009 of Trust where account is maintained
9. Member's Name : RAMKUMAR P M
10. Father's/Spouse Name : MUNUSWAMY
11. Relationship : FATHER
12. Date of joining : 01-07-2016

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. AXA TECHNOLOGY SERVICES INDIA PRIVATE LIMITED