

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)] (Tracking ID 999315051507010021609) (Submitted through the member log-in 6058705)

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Claim Date: 01-07-2015

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

The Regional P.F. Commissioner, PUNE

MH MH

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 : SANDIP RAMESH BHOLE

2. Mobile Number : 8888877048

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

4. Bank Account Number : 0074015132395. Bank IFSC : ICIC0000074

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

1. P.F. Account No. (with EPFO: PUPUN00335880000003013

office)

2. Name of the Establishment : AVAYA INDIA PVT LTD.

3. Address of the Establishment: WING `A` LEVEL-II TOWER-I NR LYBERCTY.MAGARPATTA

CITY HADAPSAR PUNE MH 411028

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

5. Name of the Trust : Not Applicable
6. PF A/C No. in Trust : Not Applicable
7. Member Name : SANDIP BHOLE
8. Date of Birth : 09-06-1977

9. Father's/Spouse Name : RAMESH BALIRAMBHOLE

10. Relationship : FATHER11. Date of joining : 04-10-201012. Date of leaving : 04-05-2015

PART C: DETAILS OF PRESENT ACCOUNT

1. P.F. Account No.(with EPFO : PUPUN00326860000002080

office)

2. Name of the Establishment : OPUS SOFTWARE SOLUTIONS PVT LTD

3. Address of the Establishment: COMMERZONE,1ST FLOOR,BUILDING NO.4, OFF AIRPORT

ROAD, YERWADA, PUNE 601 MH 411006

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

5. Name of the Trust : Not Applicable
6. PF A/C No. in Trust : Not Applicable
7. Bank Account Number of : Not Applicable

Trust

8. IFS Code of the Bank Branch: Not Applicable

of Trust where account is

maintained

9. Member's Name : SANDIP BHOLE

10. Father's/Spouse Name : SMITA SANDIP BHOLE

11. Relationship : SPOUSE12. Date of joining : 06-05-2015

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 Previous Establishment i.e. AVAYA INDIA PVT LTD..