



ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]
(Tracking ID 999418051409100004024)
(Submitted through the member log-in 3845813)
Claim Date : 10-09-2014

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,
TAMBARAM
TN TN

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 : GOBI ARUNACHALAM
2. Mobile Number : 8971515639
3. E-mail id : gobiarunachalam@gmail.com
4. Bank Account Number : 07951140074132
5. Bank IFSC : HDFC0000795

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

1. P.F. Account No. (with EPFO office) : TBTAM00636480000000319
2. Name of the Establishment : PHOTON INTERACTIVE PVT LTD
3. Address of the Establishment : DLF ITSEZ PARK,BLOCK NO.6,LEVEL 7&8 1/124,MOUNT POONAMALLEE ROAD MANAPAKKAM,CHENNAI 686 TN 600089
4. PF A/C No. held by : TAMBARAM
5. Name of the Trust : Not Applicable
6. PF A/C No. in Trust : Not Applicable
7. Member Name : GOBI A
8. Date of Birth : 03-02-1985
9. Father's/Spouse Name : ARUNACHALAM
10. Relationship : FATHER
11. Date of joining : 01-07-2013
12. Date of leaving : 20-12-2013

PART C: DETAILS OF PRESENT ACCOUNT

1. P.F. Account No.(with EPFO : PYBOM00345770000001562 office)
2. Name of the Establishment : ALTIMETRIK INDIA PRIVATE LIMITED
3. Address of the Establishment : SY NO. 7P & 93P, ELECTRONICS CITY, PHASE II,
INDUSTRIAL AREA, BEGUR H, BANGALORE 656 KN 560100
4. PF A/C No. held by : BOMMASANDRA
5. Name of the Trust : Not Applicable
6. PF A/C No. in Trust : Not Applicable
7. Bank Account Number of Trust : Not Applicable
8. IFS Code of the Bank Branch : Not Applicable
of Trust where account is
maintained
9. Member's Name : Gobi Arunachalam
10. Father's/Spouse Name : Arunachalam
11. Relationship : FATHER
12. Date of joining : 30-12-2013

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. PHOTON INTERACTIVE PVT LTD.