3. *Account is held by: (Name of EPF Office / PF Trust) _		
4. *Date of joining : 17 10 20 13 (dd/mm/yyy	у)	
5. #Name of Trust (to whom funds are to be paid in	case of present establishment being exempted	
under EPF Scheme, 1952) :		
6. #Employee code under the Trust: 1420 \		
(* indicates mandatory fields) (# Strike off if not a	applicable)	
I, Certify that all the information given above is true t the correctness of my present and previous account nu		
	R. Ravi Kiran	
	Signature of the Member Date: 15 7 2614	
IMPORTANT: Member has the option to get the claim	form attested by present or previous employer.	
In case of attestation by the previous employer, time to	aken in settlement will be relatively less.	
Certified that I have verified the data in Part B in resp form and the signature of the member.	pect of the member mentioned in Part A of this	
	Signature of Previous Employer	
Seal of the Establishment	Date:	
OR		
Certified that I have verified the data in Part C in resp	pect of the member mentioned in Part of this	
form. Suices Ling	For eClerx Services Limited	
la se	Signature of Present Employer	
Seal of the stablishment	Date:	
INSTRUCTIONS AND GUIDELINES		

- 1. The Bank A/C details are for verification purpose even if the Fund is transferred to the EPFO Office/Trust maintaining the present account number.
- In case the Previous Account was maintained by PF Trust of the exempted establishment, the
 member should submit a Transfer Claim Form {Form-13(Revised)} to the Trust while sending
 another Transfer Claim Form {Form-13(Revised)} to the PF Office for transferring the service details
 under the Pension Fund to the new account.
- The Form should be submitted to that PF Office under which previous or the present account is maintained, depending upon as to which employer has attested the claim. (In case the claim is attested by the present employer, claim should be submitted with the PF Office under which the present account is maintained, and so on).
- 4. The mobile number (wherever provided) of the member would be used for sending an SMS alert informing him/her the processing of his/her claim and is non-mandatory for Physical form.

TRANSFER CLAIM FORM

FORM 13 (REVISED)

(For EPFO Use only)



EMPLOYEES' PROVIDENT FUND SCHEME, 1952 (PARA 57)

[APPLICATION FOR THE TRANSFER OF EPF ACCOUNT FROM UNEXEMPTED ESTABLISHMENT TO EXEMPTED OR UNEXEMPTED ESTABLISHMENT]

EXEMPTED OR UN	NEXEMPTED ESTABLISHMENT]
То,	To,
The Regional P F Commissioner,	Trust Name:
Office Name:	Trust Address:
Office Address:	
(Please see instruction 3)	(in case the PF A/C is with Exempted Establishment)
Sir, I request that my provident fund bala	ance along with my pension service details may please be
transferred to my present account under intim	
PART A: PER	RSONAL INFORMATION
1. *Name: REODI RAVI KIRA	i N
2. *Father's/Husband's name: REDD1	ANANO
3. Mobile number: 7387055672	4. E-mailid: Hile navikinanneddi @gmail.com
5. Bank A/C number: 00 400 1578253	6. IFS code of Bank branch: ICIC 00 000 40
PART B: DETAILS OF PREVIOUS	ACCOUNT (WHICH IS TO BE TRANSFERRED)
1. *PF Account No.: KN/BN/1139	14/115237
In case the previous establishment is exemp	ted under Employees' Provident Fund Scheme,1952
2. *Name and Address of the previous establis	OLONY, GACHIBOWLI, HYDERABAD, TELANGANA OSTELLANGANA OSTELLANGANA OSTELLANGANA OSTELLANGANA OSTELLANGANA OSTELLANGANA OSTELLANGANA OSTELLANGANA
3. *PF Account is held by: (Name of EPF Office	/PFTrust) WIPRO SYSTEMS PFTRUST -5000 >
4 *Date of Birth: 31/12/1985 (dd/mm/V)	(dd/mm/yyyy) 5. *Date of joining: 30 11 2009 (dd/mm/yyyy)
6. *Date of leaving: 13 07 2012 (dd/mm/	
PART C. DETAI	ILS OF PRESENT ACCOUNT
1. *PF Account No. : TH /THA/20	
In case the previous establishment is exemption Fund Account No.:	oted under Employees' Provident Fund Scheme,1952
	hment: eclerx SERVICES LTD/OUADRON
BUSINESS PARK LTO, 5	The FLOOR, BLOCK NOIDI, RAJIN GANDHI
TNFOTECH DARK . HIN	JAWADIPHACE - 11. PUNE = MILOST.
MAHA RASTRA, INDIA	eClerx Services Limiter 11057,
LINELLEY (EV) TIME	301, 3rd Floor Karleja (West)
	Mumbai - 400 086.