

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10119020129705008)

Claim Date: 22/12/2022

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,

BOMMASANDRA,

ANNAPOORNESHWARI COMPLEX, 6TH MAIN, SINGASANDRA HOSUR MAIN RD, Bangalore

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

1. Name : SAURABH KUMAR

2. Mobile Number : 9037111757

3. E-mail id : saurabh.soni119@gmail.com

4. Bank Account Number : 272301514147

5. Bank IFSC : ICIC0002723

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

1. PF Account No. (with EPFO : PYBOM13938130000010201

2. Name of the Establishment : EZE CASTLE INTEGRATION INDIA PRIVATE LIMITED

3. Address of the Establishment : VENKATADRI IT PARK, NO.92/1A, 3RD FLOOR, KONAPPANA AGRAHARA,

E.CITY-I BANGALORE BENGALURU (BANGALORE) URBAN

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 A/C No. of Trust : NOT APPLICABLE

8. IFS Code of the Bank Branch of

Trust where account is : NOT APPLICABLE

9. Member's Name : SAURABH KUMAR

10. Date of Birth : 24/06/1992

11. Father's/Spouse Name : DILIP KUMAR SWARNKAR

12. Relationship : FATHER

13. Date of joining : 28/03/2019

14. Date of leaving : 21/08/2020

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : APHYD00349340000017788

2. Name of the Establishment : EPAM SYSTEMS INDIA PRIVATE LIMITED

3. Address of the Establishment : SALAPURIA SATTVA KNOWLEDGE CITY 10-12 FLOOOR, PLOT 2, PHASE

1, RAIDURG SERILINGAMPALLY MDL HYDERABAD 617

4. PF A/C No. held by : RO 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 : NOT APPLICABLE

9. Member's Name : SAURABH KUMAR

10. Date of Birth : 24/06/1992

11. Father's/Spouse Name : DILIP KUMAR SWARNKAR

12. Relationship : FATHER

13. Date of joining : 13/09/2021

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. EPAM SYSTEMS INDIA PRIVATE LIMITED