



ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10189849537305005)

Claim Date : 05/11/2025

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,
K R PURAM (WHITEFIELD),
No. 36, NH-4, Lakshmi Complex Opp. Syndicate Bank, Old Madras Road K.R. Puram,

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 : SHABARISH L SILLI
2. Mobile Number : 7204894342
3. E-mail id : shabarishlilli11@gmail.com
4. Bank Account Number : 10138922775
5. Bank IFSC : IDFB0080156

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

1. PF Account No. (with EPFO) : PYKRP15011840000012217
2. Name of the Establishment : PHASORZ TECHNOLOGIES PRIVATE LIMITED
3. Address of the : IBC KNOWLEDGE PARK, TOWER D, 4TH FL BANNERGHATTA MAIN ROAD, BENGALURU BANGALORE BENGALURU (BANGALORE) URBAN
4. PF A/C No. held by : K R PURAM (WHITEFIELD)
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 : NOT APPLICABLE
9. Member's Name : SHABARISH L SILLI
10 Date of Birth : 11/03/2002
11 Father's/Spouse Name : LAXMIPUTRA SILLI
12 Relationship : FATHER
13 Date of joining : 29/05/2023
14 Date of leaving : 31/12/2023

PART C : DETAILS OF PRESENT PF ACCOUNT

1. PF Account No. (with EPFO) : GNGGN00252040000564237
2. Name of the Establishment : CONVERGYS INDIA SERVICES PRIVATE LIMITED
3. Address of the : PLOT-243, GF TO 1ST,2,3,4,5TH FLOOR TWR-A AND B,SP- INFO CITY,UDYOG VIHAR GURGAON GURGAON
4. PF A/C No. held by : RO GURGAON
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 : NOT APPLICABLE
9. Member's Name : SHABARISH L SILLI
10 Date of Birth : 11/03/2002
11 Father's/Spouse Name : LAXMIPUTRA SILLI
12 Relationship : FATHER
13 Date of joining : 21/07/2025

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