



ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10086118912105001)

Claim Date : 25/04/2022

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,
BANGALORE,
Bhavishyanidhi Bhavan, No. 13, Raja Ram Mohan Roy Road, 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 : SUMANTA KUMAR SAHOO
2. Mobile Number : 9739235345
3. E-mail id : sk.kumarsumanta@gmail.com
4. Bank Account Number : 14721610000924
5. Bank IFSC : HDFC0001472


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

1. PF Account No. (with EPFO) : BGBNG00186160000022184
2. Name of the Establishment : NTT DATA GLOBAL DELIVERY SERVICES PRIVATE LIMITED
3. Address of the Establishment : BLOCK 2, 2ND FLOOR, D7, PLOT NO 123 EPIP PHASE-II, WHITEFIELD
INDL AREA BANGALORE 656
4. PF A/C No. held by : BANGALORE
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 : SUMANTA KUMAR SAHOO
10. Date of Birth : 24/06/1983
11. Father's/Spouse Name : HADIBANDHU SAHOO
12. Relationship : FATHER
13. Date of joining : 09/12/2015
14. Date of leaving : 17/04/2020

PART C : DETAILS OF PRESENT PF

1. PF Account No. (with EPFO) : PYKRP00530700000016777
2. Name of the Establishment : ALLSTATE SOLUTIONS PRIVATE LIMITED
3. Address of the Establishment : BLDG NO 1 7TH FLOOR RMZ ECO WORLD DEVARABEESANAHALLI
VILLAGE VARTHUR BANGALORE 656
4. PF A/C No. held by : SRO 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 account is : NOT APPLICABLE
9. Member's Name : SUMANTA KUMAR SAHOO
10. Date of Birth : 24/06/1983
11. Father's/Spouse Name : HADIBANDHU SAHOO
12. Relationship : FATHER
13. Date of joining : 20/04/2020

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. ALLSTATE SOLUTIONS PRIVATE LIMITED