

## ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10133498625805001)

Claim Date: 30/03/2021

#### 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,

CHENNAI,

No. 37, Royapettah High Road, Opposite Swagat Hotel, Chennai

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 : SRINATH S

2. Mobile Number : 7708624489

3. E-mail id : -

4. Bank Account Number : 37770595440

5. Bank IFSC : SBIN0002256

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

1. PF Account No. (with EPFO : TNMAS20612730000010045

2. Name of the Establishment : KLOUD TECHNOLOGY WORKS PRIVATE LIMITED

3. Address of the Establishment : 25/15, Sreshta Kamala Apts, 3rd Flr Rukmani Road, Kalakshetra Colony

Chennai CHENNAI

4. PF A/C No. held by : CHENNAI

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 : SRINATH S

10. Date of Birth : 15/02/1997

11. Father's/Spouse Name : SETHUMADHAVAN

12. Relationship : FATHER

13. Date of joining : 16/03/2020

14. Date of leaving : 30/11/2020

### **PART C: DETAILS OF PRESENT PF**

1. PF Account No. (with EPFO : APHYD00825270000012481

2. Name of the Establishment : SERVICENOW SOFTWARE DEVELOPMENT INDIA PVT LTD

3. Address of the Establishment : PLOT NO.2,PHASE-1,SURVEY NO.83/1, 7TH&8TH FLOOR,KNOWLEDGE

CITY, RAIDURG(VI), SERILINGAMPALLY (M), HYD 618

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 : SRINATH S

10. Date of Birth : 15/02/1997

11. Father's/Spouse Name : SETHUMADHAVAN

12. Relationship : FATHER

13. Date of joining : 14/12/2020

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 Previous Establishment i.e. KLOUD TECHNOLOGY WORKS PRIVATE LIMITED