



ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10019906180305003)

Claim Date : 24/12/2025

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,
HYDERABAD,
Bhavishyanidhi Bhawan, No. 3-4-763, Barkatpura Chaman, Hyderabad

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 : KURMETI DOLPHIN
2. Mobile Number : 9705779099
3. E-mail id : emaildolphin@gmail.com
4. Bank Account Number : 918010069477361
5. Bank IFSC : UTIB0000027

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

1. PF Account No. (with EPFO) : APHYD00442040000003780
2. Name of the Establishment : AQUITY SOLUTIONS INDIA PRIVATE LIMITED
3. Address of the : 10-3-189, 5TH, 6TH FLOOR, WEST BLOCK THE ARCHANA ARCADE, ST. JOHNS ROAD SECUNDERBAD HYDERABAD
4. PF A/C No. held by : 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 : NOT APPLICABLE
9. Member's Name : KURMETI DOLPHIN
10 Date of Birth : 28/08/1983
11 Father's/Spouse Name : JOHN PETER KURMETI
12 Relationship : FATHER
13 Date of joining : 01/02/2011
14 Date of leaving : 09/08/2018

PART C : DETAILS OF PRESENT PF ACCOUNT

1. PF Account No. (with EPFO) : TBTAM00496940000700900
2. Name of the Establishment : SUTHERLAND GLOBAL SERVICES P LTD
3. Address of the : NO.16, GST ROAD, PERUNGALATHUR CHENNAI 686
4. PF A/C No. held by : RO TAMBARAM
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 : KURMETI DOLPHIN
10 Date of Birth : 28/08/1983
11 Father's/Spouse Name : JOHN PETER KURMETI
12 Relationship : FATHER
13 Date of joining : 14/02/2025

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

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. SUTHERLAND GLOBAL SERVICES P LTD