

TRANSFER CLAIM FORM

FORM 13 (REVISED)

CLAIM ID _____

(For EPFO Use only)

**EMPLOYEES' PROVIDENT FUND SCHEME, 1952 (PARA 57)**

To,
The Regional P F Commissioner,
Office Name: Employees Provident Fund
Organisation Ambattur Regional Office
Office Address: R-40, TNHB Shopping Complex,
Mugappair Rd, Mogappair East, Chennai, Tamil
Nadu 600037, India

To,
Trust Name: _____
Trust Address: _____

(Please see instruction 3)

(in case the PF A/C is with Exempted Establishment)

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: Sunil Chander
2. *Father's/Husband's name: Thangvelu
3. Mobile number: +91-9582034786
4. E-mail id: schander.786@gmail.com
5. Bank A/C number: 00881610117437 6. IFS code of Bank branch: HDFC0000088

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

1. *PF_Account_No.: HIL EPF Trust - HR/5572/225317
In case the previous establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : RPFC-HR/5572/212193
2. *Name and Address of the previous establishment: HCL Technologies Ltd, PF Department, Lotus Business Park, Tower B, 3rd Floor, Sector 127, Noida- 201304
3. *PF Account is held by: (Name of EPF Office/ PF Trust) : Hindustan Instrument Ltd. Employees Provident Fund Trust
4. *Date of Birth: 11/11/1974 (dd/mm/yyyy)
5. *Date of joining: 18/08/2011 (dd/mm/yyyy)
6. *Date of leaving: 04/08/2012 (dd/mm/yyyy)

PART C: DETAILS OF PRESENT ACCOUNT

1. *PF Account No. : **TNAMB00483530000031721**

In case the present establishment is exempted under Employees' Provident Fund Scheme, 1952

Pension Fund Account No. : **TNAMB00483530000031721**

*Name and Address of the present establishment: **NTT DATA INFORMATION PROCESSING SERVICES PRIVATE LIMITED, AMBIT TECH PARK, NO.32A & B, AMBATTUR INDL. ESTATE, CHENNAI, Dist: CHENNAI, State: TAMIL NADU, Pin: 600058**

2. *Account is held by: (Name of EPF Office / PF Trust) : **AMBATTUR**

3. *Date of joining : **01/08/2016** (dd/mm/yyyy)

4. #Name of Trust (to whom funds are to be paid in case of present establishment being exempted under EPF Scheme, 1952) :

5. #Employee code under the Trust:

(* indicates mandatory fields) (# Strike off if not applicable)

I, Certify that all the information given above is true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the Member

Date: **23/07/2020**

IMPORTANT: Member has the option to get the claim form attested by present or previous employer. In case of attestation by the previous employer, time taken in settlement will be relatively less.

Certified that I have verified the data in Part B in respect of the member mentioned in Part A of this form and the signature of the member.

Seal of the Establishment

Signature of Previous Employer

Date: _____

OR

Certified that I have verified the data in Part C in respect of the member mentioned in Part A of this form.



Seal of the Establishment

Signature of Present Employer



Signature of Present Employer

Date: _____