



TRANSFER CLAIM FORM

PF FORM 13 (REVISED)

CLAIM ID:

(For EPFO Use only)

Employee ID: 181283



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

[APPLICATION FOR THE TRANSFER OF EPF ACCOUNT FROM UNEXEMPTED ESTABLISHMENT TO
EXEMPTED OR UNEXEMPTED ESTABLISHMENT]

To,
The Regional P.F. Commissioner,
Office Name:
Office Address:

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: Varun Khurana
2. *Father's/Husband's name: Suresh Khurana
3. Mobile number: 9987618804
4. E-mail id: v3khurana@gmail.com
5. Bank A/C number: 50100218850444
6. IFS code of Bank branch: HDFC0000012

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

1. *PF Account No.: APHYD23695900000010225
In case the previous establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No.:
2. *Name and Address of the previous establishment: SIMPLIFY WORKFORCE PRIVATE LIMITED, Awfis, N Heights, 4th Floor, HitechCity, HYDERABAD,
3. *PF Account is held by: (Name of EPF Office/ PF Trust): EPF Office

Varun

4. *Date of Birth: 20/09/1987

5. *Date of joining: 18/10/2021

6. *Date of leaving: 31/01/2022

PART C: DETAILS OF PRESENT ACCOUNT

1. **PF Account No.: MH/BAN/1389044

In case the previous establishment is exempted under Employees' Provident Fund Scheme, 1952 Pension Fund Account No.: MH/BAN/1389044

2. *Name and Address of the present establishment: IDFC FIRST Bank Ltd., Naman Chambers, C-32, G Block, Bandra Kurla Complex, Bandra (E), Mumbai, Maharashtra - 400051

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

4. *Date of joining : 07/02/2022

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

6. #Employee code under the Trust: NA

(* 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.

X

Vahan

Signature/Thumb impression of the employee (member)

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: 14/01/2022

OR

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

For IDFC FIRST Bank Limited

Authorized Signatory

Seal of the Establishment

Date: 14/01/2022

Varun