

Employee Id :51718968
Mobile No. : 8939250078
Email-Id :
lavanyachandhrabose@gmail.com

FORM - 19
EMPLOYEES' PROVIDENT FUND ORGANIZATION
COMPOSITE CLAIM FORM (NON-AADHAAR)

- | | | | |
|-----|---|---|--|
| 1) | Claims Applied for | : | I) Final PF Settlement () |
| 2) | Name of the member (In Capital Letters) | : | Lavanya C |
| | a) Universal Account Number (UAN) | : | 101262655547 |
| | b) PF Account No. | : | GN/GGN/005572/000394649 |
| | Name and address of the Factory/
Establishment in which the member was last employed | | |
| 3) | | : | HCL TECHNOLOGIES LIMITED |
| 4) | Aadhaar No./Aadhaar Enrollment No. | : | 360219622760 |
| 5) | Father's Name/Husband's Name | : | chandrabose B |
| 6) | Date of Birth | : | 10/11/1992 |
| 7) | Date of Joining the establishment | : | 01/02/2018 |
| 8) | Date of leaving service | : | 08/12/2023 |
| 9) | Permanent Account No. (PAN) | : | AKLPL1500D |
| 10) | Reason for leaving service | : | RESIGNATION |
| | | | A/C No.: 6561807716 |
| 11) | Bank Account details for Payment | : | Name of the Bank : Indian bank
IFSC Code :IDIB000K063 |

CERTIFIED THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE

The member hereby declares that he/she has not been employed in any factory/establishment to which the Act applies for continuous period of not less than 2 months immediately preceding the date of my application for final withdrawal of my provident fund money.

Certified that the particulars are true to the best of my knowledge.

Date : 13-Jul-2024

**Signature or Left hand thumb
Impression of the member**

Signature of the employer or Authorised official