

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10105180668805002)

Claim Date: 11/09/2021

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,

RANCHI,

Bhagirathi Complex, Near Circuit House, Karamtoli, Ranchi

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 : SUNARAM HEMBRAM

2. Mobile Number : 9709080987

3. E-mail id : -

4. Bank Account Number : 20049259459

5. Bank IFSC : SBIN0000227

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

1. PF Account No. (with EPFO : JHRAN17375370000010034

2. Name of the Establishment : M/S UMA KANT SHARMA SECURITY AGENCY

3. Address of the Establishment : NEAR SUKLA COLONY 1ST FLOOR HUSAIN ENCLAVE NEW PARAS TOLI

DORANDA RANCHI RANCHI

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

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 : SUNARAM HEMBRAM

10. Date of Birth : 01/02/1968

11. Father's/Spouse Name : LT BOSEN HEMBRAM

12. Relationship : FATHER

13. Date of joining : 01/02/2019

14. Date of leaving : 01/01/2021

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : JHRAN22610930000010099

2. Name of the Establishment : Zambre Kalyan Kingston Yeshudas Security Agency

3. Address of the Establishment : Nayatoli Old Hb Road Ranchi RANCHI

4. PF A/C No. held by : RO RANCHI

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 : SUNARAM HEMBRAM

10. Date of Birth : 01/02/1968

11. Father's/Spouse Name : LT BOSEN HEMBRAM

12. Relationship : FATHER

13. Date of joining : 01/02/2021

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. Zambre Kalyan Kingston Yeshudas Security Agency