FORM 13 (REVISED)



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

		UAN:	
To,	To,		
The Regional P F Commissioner,			
Office Name:		SS:	
Office Address:	*		
(Please see instruction 3)	(in case the I	PF A/C is with Exempt	ed Establishment)
Sir,			
I request that my provident transferred to my present account u			
PA	RT A: PERSONAL INFO	RMATION	
1. *Name:	A		
2. *Father's/Husband's name:			
3. Mobile number:			
5. Bank A/C number:	6. IFS code of	f Bank branch:	
PART B: DETAILS OF PR  1. *PF Account No. : In case the previous establishmen Pension Fund Account No. :	t is exempted under Emp	loyees' Provident Fund	d Scheme,1952
2. *Name and Address of the previous	us establishment:		
3. *PF Account is held by: (Name of I	EPF Office/ PF Trust)		
4. *Date of Birth:(	dd/mm/yyyy) 5. *Dat	e of joining :	(dd/mm/yyyy)
5. *Date of leaving:	(dd/mm/yyyy)		
PART	C: DETAILS OF PRESEN	T ACCOUNT	
1. *PF Account No. :			
In case the present establishment Pension Fund Account No. :			Scheme,1952
2. *Name and Address of the presen	t establishment:		

Certified that I have verified the data in Part B in respect or form and the signature of the member.  Seal of the Establishment  OR  Certified that I have verified the data in Part C in respect or form.  Seal of the Establishment	Signature of Previous Employer Date:
form and the signature of the member.  Seal of the Establishment  OR  Certified that I have verified the data in Part C in respect of	Signature of Previous Employer Date:
form and the signature of the member.  Seal of the Establishment  OR	Signature of Previous Employer Date:
form and the signature of the member.  Seal of the Establishment	f the member mentioned in Part A of this  Signature of Previous Employer  Date:
	f the member mentioned in Part A of this
In case of attestation by the previous employer, time taken in	<u>1 settlement will be relatively less.</u>
IMPORTANT: Member has the option to get the claim form	
	Signature of the Member Date:
I, Certify that all the information given above is true to the the correctness of my present and previous account number	
(* indicates mandatory fields) (# Strike off if not application	able)
6. #Employee code under the Trust:	
under EPF Scheme, 1952) :	
3. Hivalie of Trust (to whom funds are to be paid in case	of present establishment being exempted
5 #Name of Trust Ite when funds are to be all t	
4. *Date of joining:(dd/mm/yyyy)	

- The Bank A/C details are for verification purpose even if the Fund is transferred to the EPFO Office/Trust maintaining the present account number.
- In case the Previous Account was maintained by PF Trust of the exempted establishment, the
  member should submit a Transfer Claim Form {Form-13(Revised)} to the Trust while sending
  another Transfer Claim Form {Form-13(Revised)} to the PF Office for transferring the service details
  under the Pension Fund to the new account.
- 3. The Form should be submitted to that PF Office under which previous or the present account is maintained, depending upon as to which employer has attested the claim. (In case the claim is attested by the present employer, claim should be submitted with the PF Office under which the present account is maintained, and so on).
- 4. The mobile number (wherever provided) of the member would be used for sending an SMS alert informing him/her the processing of his/her claim and is non-mandatory for Physical form.