

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)] (Tracking ID 999270051705020010269)

(Submitted through the member log-in 5775877)

Claim Date : 02-05-2017

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 for submission to the employer)

To, The Regional P.F. Commissioner, THIRUVANANTHAPURAM KL KL

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 : B YASWANTH KUMAR REDDY

2. Mobile Number : 9745888597

3. E-mail id : yessu.rs@gmail.com

4. Bank Account Number : 1953015008805. Bank IFSC : ICIC0001953

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

1. P.F. Account No. (with EPFO: KRTVM00264720000000030

office)

2. Name of the Establishment : FLYTXT MOBILE SOLUTIONS PRIVATE LIMITED

3. Address of the Establishment: LEELA INFORPARK, 7TH FLOOR TECHNOPARK 682 KL

695581

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

5. Name of the Trust : Not Applicable6. PF A/C No. in Trust : Not Applicable

7. Member Name : B YASWANTHKUMAR REDDY

8. Date of Birth : 10-08-1988

9. Father's/Spouse Name : B PRABHAKAR REDDY

10. Relationship : FATHER11. Date of joining : 13-06-201112. Date of leaving : 07-10-2016

PART C: DETAILS OF PRESENT ACCOUNT

1. P.F. Account No.(with EPFO : PYKRP00457690000003591

office)

2. Name of the Establishment : QUEST GLOBAL ENGG. PVT. LTD

3. Address of the Establishment: 5B(PRYEE-II SEZ) SY.NO 51 TO 64/4 BELLANDUR VILL,

VARTHUR HOBLI BANGALORE 656 KN 560103

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

5. Name of the Trust : Not Applicable
6. PF A/C No. in Trust : Not Applicable
7. Bank Account Number of : Not Applicable

Trust

8. IFS Code of the Bank Branch: Not Applicable

of Trust where account is

maintained

9. Member's Name : YASWANTHKUMAR REDDY

10. Father's/Spouse Name : B PRABHAKAR REDDY

11. Relationship : FATHER12. Date of joining : 10-10-2016

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 Previous Establishment i.e. FLYTXT MOBILE SOLUTIONS PRIVATE LIMITED.