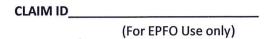
## **TRANSFER CLAIM FORM**

FORM 13 (REVISED)





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

To,	To,
The Regional P F Commissioner,	Trust Name:
Office Name:	Trust Address:
Office Address:	
(Please see instruction 3)	(in case the PF A/C is with Exempted Establishment)
Sir,	
	balance along with my pension service details may please be
transferred to my present account under i	ntimation to me. My details are as under:
PART A:	PERSONAL INFORMATION
1. *Name:	
2. *Father's/Husband's name:	
3. Mobile number:	4. E-mail id:
	6. IFS code of Bank branch:
DADT B. DETAILS OF BREVIO	US ACCOUNT (WHICH IS TO BE TRANSFERRED)
1. *PF Account No. :	
	empted under Employees' Provident Fund Scheme,1952
2. *Name and Address of the previous esta	ablishment:
3. *PF Account is held by: (Name of EPF Of	ffice/ PF Trust)
4. *Date of Birth: (dd/mi	m/yyyy) 5. *Date of joining :(dd/mm/yyyy)
6. *Date of leaving: (dd/r	nm/yyyy)
DART C. DI	TAILS OF DESCRIT ACCOUNT
PART C: DE	TAILS OF PRESENT ACCOUNT
1. *PF Account No. :	
	mpted under Employees' Provident Fund Scheme,1952
2. *Name and Address of the present esta	blishment:

INSTRUCTIONS AND GUIDELINES		
Seal of the Establishment	Signature of Present Employer Date:	
form.		
Certified that I have verified the data in Part C in respect of the $\ensuremath{m}$	ember mentioned in Part A of this	
OR	-	
Seal of the Establishment	Signature of Previous Employer Date:	
form and the signature of the member.		
Certified that I have verified the data in Part B in respect of the m	nember mentioned in Part A of this	
mease of accessacion by the previous employer, time taken in section	ment will be relatively less.	
In case of attestation by the previous employer, time taken in settle		
IMPORTANT: Member has the option to get the claim form atteste	ad by present or provings ampleyer	
	Signature of the Member Date:	
the correctness of my present and previous account numbers.		
I, Certify that all the information given above is true to the best of	my knowledge and I have ensured	
(* indicates mandatory fields) (# Strike off if not applicable)		
6. #Employee code under the Trust:		
under EPF Scheme, 1952) :		
5. #Name of Trust (to whom funds are to be paid in case of pres	ent establishment being exempted	
4. *Date of joining:(dd/mm/yyyy)		
3. *Account is held by: (Name of EPF Office / PF Trust)		

- 1. 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.
- 2. 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.