

TRANSFER CLAIM FORM

FORM 13 (REVISED)

CLAIM ID _____

(For EPFO Use only)



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

[APPLICATION FOR THE TRANSFER OF EPF ACCOUNT FROM UNEXEMPTED ESTABLISHMENT TO
EXEMPTED OR UNEXEMPTED ESTABLISHMENT]

To,
The Regional P F Commissioner,
Office Name: _____
Office Address: _____
+ _____

(Please see instruction 3)

To,
Trust Name: _____
Trust Address: _____

(in case the PF A/C is with Exempted Establishment)

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: _____
2. *Father's/Husband's name: _____
3. Mobile number: _____ 4. E-mail id: _____
5. Bank A/C number: _____ 6. IFS code of Bank branch: _____

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

1. *PF Account No. : _____
In case the previous establishment is exempted under Employees' Provident Fund Scheme,1952
Pension Fund Account No. : _____
2. *Name and Address of the previous establishment: _____

3. *PF Account is held by: (Name of EPF Office/ PF Trust) _____
4. *Date of Birth: _____ (dd/mm/yyyy) 5. *Date of joining : _____(dd/mm/yyyy)
6. *Date of leaving: _____ (dd/mm/yyyy)

PART C: DETAILS OF PRESENT ACCOUNT

1. *PF Account No. : _____
In case the present establishment is exempted under Employees' Provident Fund Scheme,1952
Pension Fund Account No. : _____
2. *Name and Address of the present establishment: _____

3. * Account is held by: (Name of EPF Office / PF Trust)

4. * Date of joining : _____ (dd/mm/yyyy)

5. #Name of Trust (to whom funds are to be paid in case of present establishment being exempted under EPF Scheme, 1952) :

Bank Name:

Trust Bank A/C No:

RTGS/NEFT IFSC:

FULL ADDRESS OF THE BANK:

6. #Employee code under the Trust: _____

(* indicates mandatory fields) (# Strike off if not applicable)

I, Certify that all the information given above is true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the Member

Date: _____

IMPORTANT: Member has the option to get the claim form attested by present or previous employer. In case of attestation by the previous employer, time taken in settlement will be relatively less.

Certified that I have verified the data in Part B in respect of the member mentioned in Part A of this form and the signature of the member.

Signature of Previous Employer

Date: _____

Seal of the Establishment

OR

Certified that I have verified the data in Part C in respect of the member mentioned in Part A of this form.

Signature of Present Employer

Date: _____

Seal of the Establishment