TRANSFER OUT FORM: Being Tech Mahindra as Previous Company

(To be submitted to R.P.F.C, PUNE)

TRANSFER CLAIM FORM

FORM 13 (REVISED)

(For EPFO Use only)

EMP ID:

Mobile No:



EMPLOYEES' PROVIDENT FUND SCHEME, 1952 (PARA 57)

То,	To,
The Regional P F Commissioner,	Trust Name:
Office Name: R.P.F.C, Pune	Trust Address:
Office Address: 2nd & 3rd Floor,	
Cantonment Building, Pune - 411001	
(Please see instruction 3)	(in case the PF A/C is with Exempted Establishment)
Sir,	
I request that my provident fund be	alance along with my pension service details may please be
transferred to my present account under int	imation to me. My details are as under:
PART A: P	ERSONAL INFORMATION
1. *Name: Your Full Name in Block Lo	etters
2. *Father's/Husband's name: Your Fath	er's or Husband's name
3. Mobile number: Your India Mobile Nubm	der 4. E-mail id: Your Personal or Company E-Mail Address
5. Bank A/C number: Your Bank Account no	6. IFS code of Bank branch: IFSC Code of your Bank
	* (IF Tech M as Previous Employer)
PART B: DETAILS OF PREVIOUS	S ACCOUNT (WHICH IS TO BE TRANSFERRED)
1. *PF Account No. : MH/PUN/34224/ Your	PF Number mentioned on your Salary Slip
In case the previous establishment is exen	npted under Employees' Provident Fund Scheme, 1952
	4224/Your PF Number Mentioned on your Salary Slip
2. *Name and Address of the previous estab	lishment: Tech Manindra Ltd.
Sharda Centre, Off Karve Road	, Erandwane, PUNE - 411004
3. *PF Account is held by: (Name of EPF Office	ce/ PF Trust) EPF Office
4. *Date of Birth: Your TM DOB (dd/mm/	(yyyy) 5. *Date of joining: Your TM DOJ (dd/mm/yyyy)
6. *Date of leaving: Your TM DOL (dd/mn	
PART C: DETA	AILS OF PRESENT ACCOUNT
1. *PF Account No. : PF Number of Your Pre	esent Company (Full PF number with Region & Establishment Code)
In case the present establishment is exem	pted under Employees' Provident Fund Scheme,1952
	or of your Present Company (write full PF Number with Region & Est Code)
2. *Name and Address of the present establi	shment: Your Present Company Name and Address:
(Registered with respective PF office)	
The second of th	

5. #Name of Trust (to whom funds are to be paid	in case of present establishment being exempted
under EPF Scheme, 1952) : Please check with yo	
6. #Employee code under the Trust: Please check v	vith your present employer
(* indicates mandatory fields) (# Strike off if n	ot applicable)
I, Certify that all the information given above is tru the correctness of my present and previous account	ie to the best of my knowledge and I have ensured t numbers.
	X Signature of Associate
	Signature of the Member Date: Date of Form Submission
IMPORTANT: Member has the option to get the cle	aim form attested by present or previous employer.
IMPORTANT: <u>Member has the option to get the clo</u> <u>In case of attestation by the previous employer, tim</u>	
In case of attestation by the previous employer, time Certified that I have verified the data in Part B in r	e taken in settlement will be relatively less.
	e taken in settlement will be relatively less.
In case of attestation by the previous employer, time Certified that I have verified the data in Part B in reform and the signature of the member.	respect of the member mentioned in Part A of this
In case of attestation by the previous employer, time Certified that I have verified the data in Part B in reform and the signature of the member. Seal of the Establishment	respect of the member mentioned in Part A of this Signature of Previous Employer Date:
In case of attestation by the previous employer, time Certified that I have verified the data in Part B in r form and the signature of the member. Seal of the Establishment	respect of the member mentioned in Part A of this Signature of Previous Employer Date:
In case of attestation by the previous employer, time Certified that I have verified the data in Part B in reform and the signature of the member. Seal of the Establishment Or Certified that I have verified the data in Part C in reform.	respect of the member mentioned in Part A of this Signature of Previous Employer Date: R respect of the member mentioned in Part A of this Signature of Previous Employer Date: R respect of the member mentioned in Part A of this
In case of attestation by the previous employer, time Certified that I have verified the data in Part B in r form and the signature of the member. Seal of the Establishment Oicertified that I have verified the data in Part C in r	respect of the member mentioned in Part A of this Signature of Previous Employer Date: R respect of the member mentioned in Part A of this

- 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.