TRANSFER IN FORM Being Previous Company as TRUST or GOVT

(For Pension Transfer: To be sent to R.P.F.C, PUNE)

TRANSFER CLAIM FORM

FORM 13 (I	REVISED)

EMP ID:

Mobile No:



EMPLOYEES' PROVIDENT FUND SCHEME, 1952 (PARA 57)

To,	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 b transferred to my present account under in	palance along with my pension service details may please be timation to me. My details are as under:
PART A: F	PERSONAL INFORMATION
1. *Name: Your Full Name in Block L	etters
2. *Father's/Husband's name: Your Fath	ner's or Husband's name
3. Mobile number: Your India Mobile Nubr	ner 4. E-mail id: Your Personal or Company E-Mail Address
	6. IFS code of Bank branch: IFSC Code of your Bank
1. *PF Account No. : In case the previous establishment is exer Pension Fund Account No. : Pension Numl	mpted under Employees' Provident Fund Scheme, 1952 ber of your Previous Company (write full PF Number with Region & Es
*Name and Address of the previous estate (Registered with respective PF office)	olishment: Your Previous Company Name and Address:
3. *PF Account is held by: (Name of EPF Offi	ice/ PF Trust) EPF Office / PF TRUST
	/yyyy) 5. *Date of joining: Your DOJ (dd/mm/yyyy)
6. *Date of leaving: Your DOL (dd/mr (at Previous Company	500 BODGE BO
PART C: DET	AILS OF PRESENT ACCOUNT (IF Tech M as Present Em
1. *PF Account No. : MH/PUN/34224/ Your	PF Number mentioned on your Salary Slip
	npted under Employees' Provident Fund Scheme,1952 224/Your PF Number Mentioned on your Salary Slip
2. *Name and Address of the present establ	ishment: Tech Mahindra Ltd.
Sharda Centre, Off Karve Road	, Erandwane, PUNE - 411004

Certified that I have verified the data in Part B in res form and the signature of the member. Seal of the Establishment OR Certified that I have verified the data in Part C in res form.	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 res	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.	Signature of Previous Employer	
	spect of the member mentioned in Part A of this	
Certified that I have verified the data in Part B in res	enect of the member mentioned in Part A of this	
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 P in respect of the great least of the control of the contro		
	Date: Date of Form Submissi	
	Signature of the Member	
	X Signature of Associate	
the correctness of my present and previous account n		
I, Certify that all the information given above is true		
(* indicates mandatory fields) (# Strike off if not		
6. #Employee code under the Trust: Not Applicable		
 #Name of Trust (to whom funds are to be paid in under EPF Scheme, 1952): Not Applicable 	n case of present establishment being exempted	
4. *Date of joining : DOJ of Tech M (dd/mm/yy		
	NA)	

- 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.