



TRANSFER CLAIM FORM
FORM 13 (REVISED)

CLAIM ID _____
(For EPFO Use Only)

EMPLOYEES' PROVIDENT FUND SCHEME, 1952
(PARA 57)

To,
The Regional PF Commissioner,
Office Name : _____
Office Address : _____

To,
Trust Name : _____
Trust Address : _____

(Please see instruction 3)

(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 number under intimation to me. My details are as under:

PART A : PERSONAL INFORMATION

- *Name _____
- *Father's/Husband's Name : _____
- Mobile Number : _____
- E mail ID : _____
- Bank A/c. Number : _____
- IFS Code of Bank Branch : _____

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

- *PF Account No. : _____

(in case the previous establishment is exempted under Employees' Provident Fund Scheme, 1952)

Pension Fund Account No : _____

- *Name and Address of the previous establishment : _____

- * PF Account is held by (Name of EPF Office/PF Trust) _____

- *Date of Birth : _____(dd/mm/yyyy)
- * Date of Joining _____(dd/mm/yyyy)

- * Date of Leaving _____(dd/mm/yyyy)

PART C : DETAILS OF PRESENT ACCOUNT

- *PF Account No. : _____

In case the present establishment is exempted under Employees' Provident Fund Scheme,1952

Pension Fund Account No. : _____

- *Name and Address of the present establishment _____

- * 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 _____)

6. # Employee code under the Trust : _____
(* indicates mandatory fields) (# strike off if not applicable)



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.

Seal of the Establishment

Date : _____



Signature of Previous Employer

OR

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

Seal of the Establishment

Date : _____



Signature of Present Employer

INSTRUCTIONS AND GUIDELINES

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 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 the 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.