## TRANSFER CLAIM FORM

FORM 13 (REVISED)

CLAIM ID\_\_\_\_\_\_(For EPFO Use only)



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

То,	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,	
I request that my provident fund	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:	
	4. E-mail id:
	6. IFS code of Bank branch:
PART B: DETAILS OF PREVIO	US ACCOUNT (WHICH IS TO BE TRANSFERRED)
1. *PF Account No. :	
In case the previous establishment is exe	empted under Employees' Provident Fund Scheme,1952
	blishment:
3. $^{st}$ PF Account is held by: (Name of EPF Of	fice/ PF Trust)
	n/yyyy) 5. *Date of joining :(dd/mm/yyyy)
6. *Date of leaving: (dd/m	
	TAILS OF PRESENT ACCOUNT
1. *PF Account No. :	
	npted under Employees' Provident Fund Scheme,1952
Pension Fund Account No. :	
2. $^st$ Name and Address of the present estab	lishment:
	* 7.80

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) :		
(* indicates mandatory fields)		
I, Certify that all the information given the correctness of my present and p	ven above is true to the best of my knowledge and I have ensured revious account numbers.	
	Signature of the Member	
IMPORTANT: Member has the opti	on to get the claim form attested by present or previous employer.	
In case of attestation by the previou	s employer, time taken in settlement will be relatively less.	
Certified that I have verified the dar form and the signature of the member	ta in Part B in respect of the member mentioned in Part A of this er.	
Seal of the Establishment	Signature of Previous Employer Date:	
	OR	
Certified that I have verified the dat form.	a in Part C in respect of the member mentioned in Part A of this	
Seal of the Establishment	Signature of Present Employer Date:	
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 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.