FORM 13 (REVISED) (For EPFO Use only)



EMPLOYEES' PROVIDENT FUND SCHEME ,1952 (PARA 57)

10,	10,
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	e along with my pension service details may please be
transferred to my present account under intimatio	n to me. My details are as under:
PART A	A: PERSONAL INFORMATION
1. *Name:	
2. *Father's/Husband's name:	
3. Mobile number: 4. E-mail id:	
5. Bank A/C number: 6. IF	S code of Bank branch:
PART B: DETAILS OF PREVI	OUS ACCOUNT (WHICH IS TO BE TRANSFERRED)
1. *PF Account No. :	
In case the previous establishment is exempted un	der Employees' Provident Fund Scheme,1952
Pension Fund Account No. :	
2. *Name and Address of the previous establishme	ent:
3. *PF Account is held by: (Name of EPF Office/ PF	Trust)
4. *Date of Birth: (dd/mm/yyyy) 5	5. *Date of joining :(dd/mm/yyyy)
6. *Date of leaving: (dd/mm/yyyy)	
PART C: E	DETAILS OF PRESENT ACCOUNT
1. *PF Account No. <u>UP/1860</u>	
In case the present establishment is exempted und	der Employees' Provident Fund Scheme,1952
Pension Fund Account No. : <u>UP/1860/VNS</u>	
2. *Name and Address of the present establishmen	nt: HINDALCO INDUSTRIES LIMITED, P.O. RENUKOOT,
	DISTT, SONBHADRA . (U.P.)

3. *Account is held by: (Name of EPF Office / PF Trust) _REGIONAL P.F.COMMISSIONER SL	JB REGIONAL OFFICE, VARANSI
UTTAR PRADESH	
4. *Date of joining:(dd/mm/yyyy)	
5. #Name of Trust (to whom funds are to be paid in case of present establishment being ex	kempted
under EPF Scheme, 1952): HINDALCO EMPLOYEES PROVIDENT FUND INSTITUTION, P.O.	O.RENUKOOT,
DISTT SONBHADRA, U.P.	
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 my present and previous account numbers.	have ensured the correctness of
	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
Seal of the Establishment	Date:
OR	
Certified that I have verified the data in Part C in respect of the member mentioned in Part	t A of this
form.	
	Signature of Present Employer
Seal of the Establishment	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.