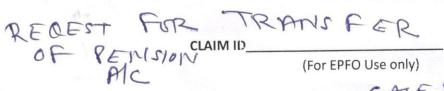
CASEDD

Persons applying for pension after superannuation from any other organisation but had served in CCI earlier

They may apply for transfer of pensionable service served at CCI by filling Form-13 A Revised through their present employers if they are in service or directly to CCI who are superannuated .

## TRANSFER CLAIM FORM

FORM 13 (REVISED)





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

CAS	E	<b>B</b>	V
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To,	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,	halance along with my poncion convice details may please he		
	balance along with my pension service details may please be		
transferred to my present account under in	ntimation to me. My details are as under.		
PART A:	PERSONAL INFORMATION		
1. *Name: C . S. Si	NGH		
2. *Father's/Husband's name: S17			
3. Mobile number: 94590250	90 4. E-mail id: essing 205 @ gmail. Co		
	6. IFS code of Bank branch: SBIN 20 511		
J. Bullicry & Harrison			
	HIS A COOLINE (MILICILIE TO BE TRANSFEEDED)		
PART B: DETAILS OF PREVIO	US ACCOUNT (WHICH IS TO BE TRANSFERRED)		
1. *PF Account No.: DL 72	22/25060		
In case the previous establishment is ex	empted under Employees' Provident Fund Scheme,1952		
Pension Fund Account No. : DL	2227 19360		
	ablishment: CEMENT CORPORATION		
	GFLOOR, COREV, LODAI ROPD, NEWDE		
DE INDIA ZIO, CO	FOOD TOUR		
3. *PF Account is held by: (Name of EPF Of	ffice/ PF Trust) CC/ LTD ECRE TRUST		
4. *Date of Birth: 03/12/1977(dd/mi	m/yyyy) 5. *Date of joining: 21-5-1980 (dd/mm/yyyy)		
6. *Date of leaving: 1603-2003(dd/r	mm/yyyy)		
PART C: DE	ETAILS OF PRESENT ACCOUNT		
1. *PF Account No.: URI345	50 2003		
	empted under Employees' Provident Fund Scheme,1952		
Pension Fund Account No. : U			
2. *Name and Address of the present esta	ablishment: UP Cotton Texts Mull		
50-7- 21	NOIDA U.P.		
Decres 21	, 14-1217		

3. *Account is held by: (Name of EPF Office / PF Trust)	<u> </u>	
4. *Date of joining :(dd/mm/yyyy)		
5. #Name of Trust (to whom funds are to be paid in case of p		
under EPF Scheme, 1952): Pensian ALC	is maintains with	
6. #Employee code under the Trust: Replicates mandatory fields) (# Strike off if not applicable)	Central Wasirphr	
(* indicates mandatory fields) (# Strike off if not applicable	, gradustor's toes alow Della 1100	
I, Certify that all the information given above is true to the best the correctness of my present and previous account numbers.	t of my knowledge and I have ensured	
the correctness of my present and previous account numbers.		
	cre	
	Signature of the Member	
	Date:	
IMPORTANT: Member has the option to get the claim form atte		
<u>In case of attestation by the previous employer, time taken in se</u>	ttlement will be relatively less.	
Certified that I have verified the data in Part B in respect of the form and the signature of the member.	e member mentioned in Part A of this	
•	Signature of Previous Employer	
Seal of the Establishment	Date:	
OR  Certified that I have verified the data in Part C in respect of the form.	e member mentioned in Part A of this	
Cool of the Catablishus and	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.

## Joint Declaration By the Member and The Employer

Date:

The Regional P F	Commissioner - Central
Wazirbur	an systal Area
Delle.	,,,

Sub: Joint declaration by the member and the employer

Dear Sir,			×
. Ram	Lol	Crupt	am/-was an employee / ex employee of
· .			furnishing below herewith correct deails with aforesaid
establishment :-			

Particulars	Correct	Wrong
Name .	RAM LAL GURTA	R.L. GURTA
Father/ Husband Name	R.A GUPTA	R. K. GUYTA
PF / EPS Account No.	0578	8568
Date of Birth (DD/MM/YYYY)	12-10-1968	10-12-1968
Date of joining (DD/MM/YYYY)	NO CHANGE	NO CHAMGE
Date of leaving (DD/MM/YYYY)	M& CHPMGE	No Change

I am also enclosing herewith self attested copy of ID proof (Any one - PAN card/ Voters' Identity Card/ Passport/ Driving License/ Aadhar Card) for your ready reference.

Therefore, you are requested to make necessary changes in your records (if required) under intimation to me.

An early action in this regard will be highly appreciated.

Yours Faithfully

Name & Signature of Applicant :

Porto

Name of Authorized Signatory

Signature With Establishment Seal

Encl.: As Above