

FORM NO.13 (Revised)
The Employees Provident Fund Scheme,
1952

(Para 57)

APPLICATION FOR TRANSFER OF EPF ACCOUNT

(For office use only)

Sr. No: _____

Inward No: _____

Group No: _____

Office at: _____

Office Seal and
Registration No. _____

Date _____

Note: 1) To be submitted by the member to the present employer for onward transmission to the Commissioner, EPF by whom the transfer is to be effected.

2) In case the P.F. transfer is due from the P. F. Trust of an exempted establishment, the application should be sent direct by the employer to the P. F. Trust of the exempted establishment, with a copy to the RPFC concerned for details of the Family Pension membership.

To
The Commissioner,
Employees' Provident Fund,

To,
M/s. _____

IMP NOTE: Only point (1) to (8) has to be filled by employee. Please fill the details in block letters. (To be filled in, if Note (2) above is applicable)

Sir,
I request that my Provident Fund balance alongwith the membership details in Family Pension Fund may please be transferred to my present account under intimation to me. Necessary particulars are furnished below. :

1) Name : _____ *Write your full name here*

2) Father's Name (or Husband's name in case of married woman) : _____ *Father's / Husband's full name as applicable*

3) Name & Address of Previous Employer: _____
** Please mention full name of your previous company*
** Please mention detailed address of registered office where HR is allocated as we will be sending these forms back to your previous employer for verification and onward submission to the concerned PF office*

4) EPF account Number with the Previous Employer: _____ *Mandatory / Please write full PF Account no. of previous company*

<p>5) By whom the P.F. account Of the Previous Estt. Is kept.</p> <p align="center">Regional PF Commissioner at</p> <p><i>IF PF IS WITH GOVT Please write full address of the PF office of your previous employer. You need to get in touch with HR in your previous company for the same</i></p>	<p align="center">Name of the PF Trust</p> <p><i>IF PF IS NOT WITH GOVT Write full name and correspondence address of the PF Trust</i></p>
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6) F.P.F. account Number with the Previous Employer (if allotted a separate one): _____ *Mandatory / If allotted separately*

7) Date of leaving service with Previous Employer: _____ *DD/MM/YY should be reliving date from previous employer*

8) Date of joining the Present Employer: _____ *Date of joining at JPM*

Date: _____ *Date of signing the form* **SIGN HERE**
 _____ *Signature / L.H.T.I. of the Member*

9) Name & address of the establishment: _____
To be filled in by Company

10) EPF code & Account No. allotted to the member: _____

11) EPF Account No. allotted to the member separately if any: _____

Keep entire page blank
It has to be filled in by company

12) By whom the EPF account of the member in the present establishment is kept :

Being an unexempted establishment

1. By Regional Office at (Station) _____

2. Sub – Regional Office at _____

Being an Exempted establishment

3. By Exempted P F Trust viz. _____

4. By Private P F – Not covered under the Act – viz. _____

13) By whom the F P F Account of the member in the present establishment is kept : 1) P F Regional Office at _____

2) P F Sub – Regional Office at _____

14) In whose favour transfer is to be effected. i.e. Payee's details _____

Date : _____

Signature of Employer / Authorised Official with Office Seal

(FOR USE OF P. F. OFFICE ONLY)

A sum of Rs. _____ (Rupees _____

_____) in authorised for transfer, vide Annexure ' K ' (Revised) Transfer proceeds to be sent alongwith Annexure ' K ' (Revised).

By D. D. to the Regional P. F. Commissioner / Officer – in – Charge of Sub – Regional Office _____

By D. D. to the P. F. Trust of the establishment with reference to details in Serial No.14 above.

Membership details under Family Pension Fund forwarded to the P. F. Regional Office / Sub – Regional Office at _____

By transfer entries to the Member's Ledger Card bearing Number _____ in the present Establishment from the Ledger Card bearing Number _____ of the previous establishment.

Transfer intimation / Copy of Annexure – K (Revised) to the member placed below :

Scroll No. Clerk H.C. A. A. O. A. O. / A.P. F.C.

P. I. No.

Paid by Cheque No. _____ dated _____

Cashier / Clerk

Head Clerk

A P.F.C.