Present Employee Code:
Email id:



FOR OFFICE USE ONLY Date Seal/Reg. No.....

FORM 13 (Revised)

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952

(Para-57)

Application for Transfer of EPF Account

Note

- (i) To be submitted by the member of the present employer for onward transmission to the Commissioner, EPF by whom the transfer is to be effected.
- (ii) 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

	Pension membership.		
To,		M/:	l/s
	Commissioner,		
Employees' Provident Fund			
L	21		(F) 1 (*1) 1 · 10 × 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
	Sir, I request that my Provident Fund balance alongwith the me present account under intimation to me. Necessary particulars		(To be filled in, If Note (ii) above is applicable ership details in Pension Funds may please be transferred to me furnished below:
1	Name (in block letters)	:	
2	Father's/Husband's Name in case of married Woman	:	
3	Name & Address of Previous employer		
3	Name & Address of Frevious employer	•	
4 5	EPF account Number with the previous employer By whom the PF account of the previous estt. is kept	:	Regional PF Name of the PF Trust Commissioner at OR
6 7	Pension Fund Account Number with the previous employer (if allotted a separate one) Date of leaving service with previous employer	:	
8	Date of joining the present employer	:	
	(Point from 1 to 8 are mandatory to be filled)		

Date

Signature/left hand thumb impression of the member

TO BE FILLED IN BY THE PRESENT EMPLOYER

- Name & Address of establishment
- EPF Code & Account No. allotted to the member
- 11 Pension Fund Account No. allotted to the member : separately, if any

	12	•		nent is kept	the mei	mber in the	•					
		(a) Being	an unex	empted estab	olishment	į	:	(i) By Regiona	l office	at		
							:	(ii) Sub-Region	nal offic	ce at		
		(b)Being	an exem	pted establish	hment		:	(i) By exempte viz.	d PF Tı	ust		
							:	(ii) By Private covered under				
	13	By whom the Pension Fund Account of the member in the present establishment is kept.					:	(I) Regional Office at(ii) PF Sub-Regional office at				
							:					
	14	In whose Payee's d		transfer is	to be e	effected i.e.	:					
	Date							Signature of E	nployer/	Authorised	Official With C	Office Seal
					(FOR US	SE OF P.F.	OFFI	CE ONLY)				
A su	m of Rs							is a	uthorise	d for trans	sfer, vide Ann	exure 'K'
·		•		ent along with								0.00
By at	D.D.		the	Regional	PF			ffice-in-charge	of 	Sub 	Regional	Office
By D	.D. to the	e P.F. Trust o	of the esta	ablishment wit	h referenc	ce to the detai	ls Seri	al No. 14 above.				
Mem	bership c	letails under	Family F	Pension Fund f	orwarded	to P.F. Regio	nal O	fice/Sub-Regiona	l Office	at.		
in the	present		nt from th	Ledger Card l ne Ledger Card								_
or un	e previou	s establishin		er intimation/c	copy of A	nnexure-K (Reviso	ed) to the membe	r placed	below:		
P.I. N	lo.		Clerk		···F3	Head Clerk		A. A.0	_		A.P.F.C.	
Scrol	l No.											
Paid	by chequ	e no				dated						
Cashier/Clerk,				Head Clerk			Asst. Provident Fund Commissioner					