FOR OFFICE USE ONLY	
Date Seal/Reg.No	



FORM-13 (REVISED) THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952 (Para-57)

[APPLICATION FOR TRANSFER OF EPF ACCOUNT]

- 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 of establishment, with a copy membership.				
То			O		
	ommissioner yees' Provident Fund,	_	M/s	ote (2) above is applicable)	
	I request that my Provident Fund bal ease be transferred to my present acc ed below:]		ne Membership deta	ails in Family Pension Fund	
1.	Name				
2.	. Father's/Husband's name in case of married women:				
3.	. Name & Address of Previous Employer				
4.	EPF account Number with the previous				
5.	By whom the PF account of the Previous estt is kept.	Regional PF Co	ommissioner	Name of the P.F. Trust	
6.	FPF Account Number with the previous employer (if allotted a separate one)	us			
7.	Date of leaving service with previous	employer:			
8.	Date of joining the present employer:				
Date		Signature/Left	Hand Thumb impres	ssion of the Member.	

To be filled by the present employer:

9.	Name and address of the establishment:	
	EPF Code and Account No. allotted to the Member : FPF Account No. allotted to the member separately, if any :	
12.	ne	
	Being an un-exempted establishment	(a) By Regional Office at
		(b) Sub-Regional Office at
	Being an exempted establishment	(c) By exempted PF, Trust, viz
		(d) By Private PF-Not covered under the act-
		viz
13-	By whom the FPF Account of the member	(a) PF Regional Office at
	in the present establishment is kept:	(b) PF Sub-Regional Officeat
14-	In whose favour transfer is to be effected,	
	i.e. payee's details:	
Б.		0
Date	<u></u>	Signature of Employer/Authorised Official with Official Seal

(FOR USE OF P. F. OFFICE ONLY)

	ransfer, vide Annexure		esfer proceeds to be sent					
By D.D. to the Re	gional PF Commission	ner/office-in-charge of	f Sub Regional Office					
By D.D, to the P.F	Trust of the establish	hment with License to	the details Serial No. 1	4 above.				
Membership deta Office at.	ils under Family Pens	ion Fund forwarded to	P.F. Regional Office/S	ub-Regional				
	s to the Member's Led ablishment from the L tablishment.							
Transfer intimation/copy of Annexure-K (Revised) to the member placed below :								
P.I.No.	Clerk	Head Clerk	A. A.0.	A.0./AP.F.C.				
Scroll No.								
Paid by Cheque N	No	dated						
Cashier/Clerk,		Head clerk	Asst. Provident Fu	und Commissioner				