



PROVIDENT FUND CODE NUMBER INTIMATION LETTER

Validity of this letter is of three wage months from date of issue. Based on remittance, inspection and submission of all documents, certificate of coverage will be made available in ECR Login.

No: 2621447349HRKNL

Date: 28-08-2015

To,

Mr. SARAB SINGH
PARTNER
GOLDEN SECURITY SERVICES
VILLAGE PATTI AFGAN KAITHAL, KAITHAL
KAITHAL,
HARYANA - 136027

Sub: Allotment of Code Number to establishment M/s GOLDEN SECURITY SERVICES under Employees' Provident Fund and Miscellaneous Provisions Act, 1952-regarding.

Sir,

Based on the information submitted online by you, your establishment is registered with Employees' Provident Fund Organisation with the following code number :

Code Number : HRKNL1367290

This code number is allotted based on the following declarations by you:

1. Name of Establishment : GOLDEN SECURITY SERVICES
2. PAN of establishment : AAOFG4520D
3. Date on which employment strength crossed 19 : 01-08-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : EXPERT SERVICES
6. Ownership Type : PARTNERSHIP FIRMS
7. The address proof of the establishment is **1. copy of bank passbook/statement**
2. any license/certificate/number issued by any Govt. authority
8. The proof of date of set up 27-07-2015 is **Registration Certificate issued by Registrar of Societies.**
9. As at the time of application, your establishment is having the following licenses and registrations:

S.No.	TYPE	NUMBER	DATE	ISSUED BY	ISSUED AT PLACE
a	Registrar of Societies Registration Act	KTL126	27-07-2015	REGISTER OF FIRMS	KAITHAL

10. As on date of your application, your establishment is not registered with ESIC .

Please take a print-out of this Intimation letter and Form 5A generated along with and submit a copy of the same together with the application form generated with the acknowledgement at the time of online submission, copies of all documents declared in the application form and attested specimen signature of the employer/authorized officer of your establishment, to the following Office of EPFO where all services related to your establishment shall ordinarily be attended to.

SUB REGIONAL OFFICE

KARNAL

Bhavishya Nidhi Bhawan, SCO 5-8 Sector 12,(New Mini Secretariat) 132001

sro.karnal@epfindia.gov.in

Please note that This intimation letter is generated with the Owners' Details in Form 5A and the intimated letter will be valid only if the Form 5A is enclosed.

Important information:

1. By virtue of the sections 1(3)(a) and 1(3)(b) of the Act, it applies on an establishment on its own volition and you as an employer, are required to comply with the provisions of the Act accordingly. The obligations/duties/responsibilities cast upon you as an employer of this establishment and penalties, on account of non-compliance with the same, are explained on our website www.epfindia.gov.in and there is a link on ECR (Electronic Challan cum Return) portal also for the same. You are required to go through them carefully.

A Starter's Kit for compliance under the Act is available for download from the ECR portal a link to which is provided from the epfindia.gov.in home page.

2. Remittance of dues under the provisions of the Act is to be made only through a Challan generated through the ECR (Electronic Challan cum Return) portal. (The process for registration on the portal, preparation of the ECR txt file and related information is available on the website and the portal).

3. In case this letter is produced as a proof of the code number of the establishment, before any person including any Inspector from EPFO, the Form 5A generated through the portal at the time of registration should be a part of this letter. The remittance details of the establishment will be available on the EPFO website through the link "Establishment Search" where from March 2012 wages onwards, all payments with the names of employees are available on the link in cases of remittances made after uploading the ECR.

4. Please quote the Code Number for all the future correspondence with EPFO.

This is a system generated letter and needs no signature.

Employees' Provident Fund Organisation

Encl: Form 5A Dated: 28-08-2015



FORM No 5A Date: 28-08-2015
EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)
EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)
EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para 10)

(1st RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BASED ON ONLINE DECLARATION BY THE EMPLOYER WHILE APPLYING FOR THE CODE NUMBER THROUGH APPLICATION ACKNOWLEDGEMENT NUMBER **2621447349** Date **27-08-2015** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : GOLDEN SECURITY SERVICES
2. Code Number of the Establishment under EPF Scheme 1952 : HRKNL1367290
3. Postal address of the Establishment and its branches : VILLAGE PATTI AFGAN KAITHAL KAITHAL [No Branch]
4. Industry or business in which engaged : EXPERT SERVICES
5. Date of commencement of business : 27-07-2015
6. Date of closure by previous management : N/A
7. Whether run by owner or lessee : Run by Lessee
8. Particulars of owners :

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. SARAB SINGH	01-04-1964	PARTNER	TELU RAM	VILLAGE DEORA DISTT KAITHAL	27-07-2015

9. In case on lease, particulars of lessee:

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. SARAB SINGH	01-04-1964	PARTNER	TELU RAM	VILLAGE DEORA	27-04-2015

10. If registered under Factories Act, particulars of Manager or occupier. N/A

11. Particulars of persons mentioned above who are in charge and responsible for conduct of business of the establishment.

Name	Date of Birth	Status	Father's Name	Residential Address	Date From Which In Position
(a)	(b)	(c)	(d)	(e)	(f)
Mr. SARAB SINGH	01-04-1964	PARTNER	TELU RAM	VILLAGE DEORA DISTT KAITHAL	27-07-2015

Date:

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

Note: Any change in the information given above should be intimated in writing to the Regional Commissioner within fifteen days of such change by registered post and in prescribed manner.

ANNEXURE - I

Details of Branches of the Establishment

	Name Of Unit	Address	State	District	PIN	Unit Type	No Of Employee
No branch declared in online application for code number HRKNL1367290							

SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY _____

NAME OF ESTABLISHMENT : GOLDEN SECURITY SERVICES

ADDRESS OF ESTABLISHMENT : VILLAGE PATTI AFGAN KAITHAL, KAITHAL,HARYANA,KAITHAL,136027

CODE NUMBER OF ESTABLISHMENT : HRKNL1367290000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____

2. _____

3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

Signature of employer _____

Name of employer _____

Designation/Status of employer _____

Mobile number _____

Seal of the establishment

Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories. In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.