

Employees Provident Fund Scheme Form 5-A

(For exempted /unexempted Establishments)

The Employees' Provident Funds Scheme, 1952

[See Paragraph 36-A]

The Employees' Pension Scheme, 1971

[See Paragraph 16]

AND

The Employees' Deposit – linked Insurance Scheme, 1976

[See Paragraph 1]

Return of Ownership to be sent to the Regional Commissioner (In Duplicate)

1. Name of the establishment _____
2. Code Number of the establishment under the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 _____
3. Postal address of the establishment and its branches/departments, if any _____

4. Industry or business in which engaged _____
5. Date of first commencement of production/business (Trial/Regular) _____

6. Date of closure by the previous management _____
7. Whether run by the owners or lessees (if by lessees, period of the lease should be indicated)

8. Particulars of owners _____

Name	Age	Status*	Father's Name	Residential Address	Date from which in position
A	B	C	D	E	F
i.					
ii.					
iii.					

* Whether Proprietor, Partner, Mg. Partner, Mg. Director, Director

9. If on lease, Particulars of lessees:

Name	Age	Father's Name	Residential Address	Date from which in position
A	B	C	D	E
i.				
ii.				
iii.				

10. If registered under the Factory Act. Particulars of the Manger/Occupier.

Name	Age	Father's Name	Residential Address	Date from which in position
A	B	C	D	E

A. Occupier

B. Manager

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

Name	Age	Father's Name	Residential Address
A	B	C	D
i.			
ii.			
iii.			

Signature of the Employer

Designation

Seal of the establishment

Dated _____ 200____