

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____