

The Employees' Provident Funds Scheme , 1952 (See paragraph 36-A)
 The Employees' Pension Scheme, 1995 (See paragraph 21)
 The Employees' Deposit Linked Insurance Scheme, 1976 (See paragraph 1)

Form No. 5A
 (For exempted/unexampled Estts.)



Return of ownership to be sent to the Regional Commissioner (IN DUPLICATE)0.....

1. Name of the establishment
2. Code No. 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 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)						
(iv)						
(v)						

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

Name (a)	Age (b)	Father's Name (c)	Residential Address (d)	Date from which in position (e)
(i)				
(ii)				
(iii)				
(iv)				
(v)				

10. If registered under the Factories Act, Particulars of the Manager/Occupier.

Name (a)	Age (b)	Father's Name (c)	Residential Address (d)

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 (a)	Age (b)	Father's Name (c)	Residential Address (d)	Date from which in position (e)
(i)				
(ii)				
(iii)				
(iv)				
(v)				

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 the prescribed manner under copy to the Provident Fund Inspector.

Date :

Signature of the employer

Designation

Seal of the establishment