



## 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

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

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 10001233190.]

Code Number : TNAMB2951927000

1. Name of Establishment : SENTHIL KUMAR UMA
2. Code Number of the Establishment under EPF Scheme : TNAMB2951927000
3. Postal address of the Establishment and its branches [Please see Annexure : 70 Tg, Anna Nagar Ayapakkam Road Ambattur, Chennai, THIRUVALLUR, TAMIL NADU - 600053
4. Industry or business in which engaged : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 26/03/2021
6. Date of closure by previous : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

| S. No. | Name                  | Date of Birth | Status      | Father's Name | Residential Address  | Position Date |
|--------|-----------------------|---------------|-------------|---------------|--|---------------|
| 1      | Ms. SENTHIL KUMAR UMA | 30/10/1990    | PROPRIET OR | KAMALAKANNAN  | 70 TG ANNA NAGAR AYAPAKKAM ROAD AMBATUR TIRUVALLUR TAMIL NADU 600053 | 01/06/2023    |

9. In case on lease, particulars of lessee : N/A

| S.No. | Name | Date of Birth | Father's Name | Residential Address | Position Date |
|-------|------|---------------|---------------|---------------------|---------------|
|-------|------|---------------|---------------|---------------------|---------------|

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

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

| S. No. | Name                  | Date of Birth | Status      | Father's Name | Residential Address  | Position Date |
|--------|-----------------------|---------------|-------------|---------------|--|---------------|
| 1      | Ms. SENTHIL KUMAR UMA | 30/10/1990    | PROPRIET OR | KAMALAKANNAN  | 70 TG ANNA NAGAR AYAPAKKAM ROAD AMBATUR TIRUVALLUR TAMIL NADU 600053 | 01/06/2023    |

Date:

**ANNEXURE - I**

**Details of Branches of the Establishment**

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**ANNEXURE - II**

**List of Branches having Separate/ Sub Code Number**

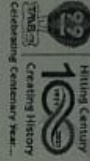
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**ANNEXURE - III**

**Details of Bank Account Number**

| <b>S No.</b> | <b>IFSC CODE</b> | <b>BANK NAME</b>            | <b>BRANCH NAME</b> | <b>ACCOUNT NO</b> | <b>ACCOUNT TYPE</b> | <b>PRIMARY ACCOUNT</b> |
|--------------|------------------|-----------------------------|--------------------|-------------------|---------------------|------------------------|
| 1            | TMBL000370       | TAMILNAD<br>MERCANTILE BANK | AYAPAKKAM          | 370150050800881   | CURRENT             | YES                    |

**Copy of cheque of the primary account number : 370150050800881**



AYAPAKKAM Branch  
 45, AYAPAKKAM ROAD, K.K.NAGAR(AMBATHUR)  
 AYAPAKKAM - 600053  
 IFS Code : TMBL00000370

New Account

Valid for three months from the date of issue.  
 D D M M Y Y Y Y

Pay

OR BEARER  
 या धारक को

Rupees

अदा करें ₹

A/c. No.

370150050800881

Cheque No.

01297468

For SAI INDUSTRIAL ELECTRICALS

Authorised Signatory

Payable at all our branches

Please sign above

⑈ 297468⑈ 6000500370⑈ 010370⑈ 29

*This Copy Is Not For Use*

**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 : SENTHIL KUMAR UMA

Address of the Establishment : 70 Tg, Anna Nagar Ayapakkam Road Ambattur, Chennai, THIRUVALLUR, TAMIL NADU - 600053

Code Number of the : TNAMB2951927000

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 of Employer \_\_\_\_\_

Seal of Establishment

Mobile number \_\_\_\_\_

[ ] 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.