



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: 3280477157KNBNG

Date: 09-11-2016

To,

Mr. NANUA SINGH
DIRECTOR
MECTUS SYSTEMS INDIA PRIVATE LIMITED
18/7, NARAYANA BUSINESS CHAMBERS,, HOSUR MAIN ROAD, WILSON GARDEN,
BENGALURU, BANGALORE
KARNATAKA - 560027

Sub: Allotment of Code Number to establishment M/s MECTUS SYSTEMS INDIA PRIVATE LIMITED 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 : BGBNG1535394

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

1. Name of Establishment : MECTUS SYSTEMS INDIA PRIVATE LIMITED
2. PAN of establishment : AAJCM5593J
3. Date on which employment strength crossed 19 : 22-09-2016
4. Section under which covered : 0001(3)(b)
5. Primary Activity : ESTABLISHMENT ENGAGED IN MANUFACTURE, MARKETING SERVICING, USAGE OF COMPUTERS
6. Ownership Type : PRIVATE LIMITED COMPANIES
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 10-09-2014 is **Commencement of business by the Registrar of Companies.**
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	Central Excise	AAJCM5593JSD001	01-08-2016	SUPERINTENDENT	BENGALURU

10. As on date of your application, your establishment is registered with ESIC with code number 50000472750001008.

The office under which you have to comply is :

REGIONAL OFFICE

BANGALORE

Bhavishyanidhi Bhavan, No. 13, Raja Ram Mohan Roy Road, 560025

ro.bangalore@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 attached with it.

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: 09-11-2016



FORM No 5A Date: 09-11-2016
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 **3280477157** Date **07-11-2016** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : MECTUS SYSTEMS INDIA PRIVATE LIMITED
2. Code Number of the Establishment under EPF Scheme 1952 : BGBNG1535394
3. Postal address of the Establishment and its branches : 18/7, NARAYANA BUSINESS CHAMBERS, HOSUR MAIN ROAD, WILSON GARDEN, [No Branch]
4. Industry or business in which engaged : ESTABLISHMENT ENGAGED IN MANUFACTURE, MARKETING SERVICING, USAGE OF COMPUTERS
5. Date of commencement of business : 10-09-2014
6. Date of closure by previous management : N/A
7. Whether run by owner or lessee : Run by Owner
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. NANUA SINGH	12-01-1950	DIRECTOR	RAM CHANDRA	NO.1702, L T SOUTH CITY APARTMNT	10-09-2014
Mr. RAVI KUMAR	12-02-1976	DIRECTOR	NANUA SINGH	1236, ROTHWELL, DR TROY, MICHIGAN, USA 48084	10-09-2014
Mr. ALOK PUROHIT	13-10-1976	AUTHORISED SIGNATORY	BRIJ KISHORE PUROHIT	C3 505, L AND T SOUTH CITY APARTMENT, BANNERGHATTA ROAD, AREKERE, BENGALURU 560076	10-09-2014

9. In case on lease, particulars of lessee: N/A
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. NANUA SINGH	12-01-1950	DIRECTOR	RAM CHANDRA	NO.1702, L T SOUTH CITY APARTMNT	10-09-2014

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 BGBNG1535394							