



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: 3091758339TNTAM

Date: 27-05-2016

To,

Ms. PRABAKARAN JAYALAKSHMI
PROPRIETOR
SAFETY LINKS
NO.2/649, 1ST STREET, LAKSHMI NAGAR CHINNAKOVILAMBAKKAM,
CHENNAI, KANCHEEPURAM
TAMIL NADU - 600117

Sub: Allotment of Code Number to establishment M/s SAFETY LINKS under Employees' Provident Fund and Miscellaneous Provisions Act, 1952-regarding.

Sir,

Based on the information submitted online by you for applying the EPF and MP Act on your establishment (Voluntary Coverage), your establishment is registered with Employees' Provident Fund Organisation with the following details:

Code Number : TBTAM1474164

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

1. Name of Establishment : SAFETY LINKS
2. PAN of establishment : AMTPJ7232Q
3. Agreed date for applying the Act : 21-05-2016
4. Section under which covered : 0000001(4)
5. Primary Activity : OTHERS
6. Ownership Type : PROPRIETORY FIRMS
7. The address proof of the establishment is **1. any license/certificate/number issued by any Govt. authority**
8. The proof of date of set up 09-12-2009 is **Others.**
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	REMARKS
a	Others	33650987776	09-12-2009	TAMILNADU COMMERCIAL TAX DEPARTMENT	CHENNAI	COMMERCIAL TAX DEPARTMENT, TN

10. As on date of your application, your establishment is not registered with ESIC .

11. The majority of your employees have given a written consent for applying the Act to your establishment and that you have already uploaded a scanned copy of the consent letter at the time of application.

The office under which you have to comply is :

**REGIONAL OFFICE
TAMBARAM
3, Rajaji Salai, 600045
ro.tambaram@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. Kindly note that your establishment has been registered with the EPFO on the basis of your declaration that the Act does not apply on your establishment and that you and majority of your employees agree that the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 (herein after referred as the Act) should be applied to your establishment.

However, by virtue of the sections 1(3)(a) and 1(3)(b) of the Act, it applies on an establishment on its own volition. In case it is discovered so, at any later stage, 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 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 registration 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: 27-05-2016



FORM No 5A Date: 27-05-2016
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 **3091758339** Date **25-05-2016** AND IS A MANDATORY PART OF THE CODE ALLOTMENT LETTER]

1. Name of the Establishment : SAFETY LINKS
2. Code Number of the Establishment under EPF Scheme 1952 : TBTAM1474164
3. Postal address of the Establishment and its branches : NO.2/649, 1ST STREET, LAKSHMI NAGAR CHINNAKOVILAMBAKKAM, [No Branch]
4. Industry or business in which engaged : OTHERS
5. Date of commencement of business : 09-12-2009
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)
Ms. PRABAKARAN JAYALAKSHMI	08-12-1980	PROPRIETOR	NATARAJAN	7/275, 1ST STREET, LAKSHMI NAGAR	09-12-2009

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)
Ms. PRABAKARAN JAYALAKSHMI	08-12-1980	PROPRIETOR	NATARAJAN	7/275, 1ST STREET, LAKSHMI NAGAR	09-12-2009

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 TBTAM1474164							