



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: 4271536490MHPUN

Date: 05-09-2015

To,

Mr. SHIVAJI KEDARI
PARTNER
SUPER FACILITY SERVICES
SR NO 532, SHOP NO 45, SHANTAI CITY, CENTER COMPLEX NAGAR PARISHAD ROAD
TALEGAON DABHADE PUNE,
MAHARASHTRA - 410507

Sub: Allotment of Code Number to establishment M/s SUPER FACILITY SERVICES 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 : PUPUN1370030

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

1. Name of Establishment : SUPER FACILITY SERVICES
2. PAN of establishment : ACWFS1758H
3. Date on which employment strength crossed 19 : 20-07-2015
4. Section under which covered : 0001(3)(b)
5. Primary Activity : EXPERT SERVICES
6. Ownership Type : PARTNERSHIP FIRMS
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 17-07-2015 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
a	Any License issued by a Municipal Corporation/Authority	13794	13-07-2015	NAGAR PARISHAD PROPERTY TAX DEPT	TALEGAON DABHADE PUNE

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

Please take a print-out of this intimation letter and Form 5A generated along with and submit a copy of the same together with the application form generated with the acknowledgement at the time of online submission, copies of all documents declared in the application form and attested specimen signature of the employer/authorized officer of your establishment, to the following Office of EPFO where all services related to your establishment shall ordinarily be attended to.

REGIONAL OFFICE

PUNE

2-3rd Flr,Pune Cant. Board Blding, Near Golibar Maidan, Camp, 411001
ro.pune@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 enclosed.

Application Number : 4271536490
Code Number : PUPUN1370030

For Super Facility Services


Partner/ Autho Sign.