EMPLOYEES' PROVIDENT FUND ORGANISATION

Form For Allotment Of Business Number(BN)

PLEASE FILL ALL THE FIELDS IN CAPITAL ENGLISH BLOCK LETTERS USING BLUE/BLACK BALL POINT PEN ONLY.
FIELDS MARKED (*) ARE MANDATORY.READ INSTRUCTIONS SHEET CAREFULLY BEFORE FILLING THE FORM.

1. * Full name of the establishment/factory (as registered with Income Tax department,Registrar of Companies or any other government authority)

2 If the Establishment is already covered then
The Establishment Code No. / / /

3.* Status/Ownership Type **(Please Mention exact code from the List Below)**

COMPANY		**PARTNERSHIP**	
CO-OPERATIVE SECTOR		**PROPRIETORSHIP**	
OTHERS		**TRUST**	

(If Others)Please Specify

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4. * Incorporation/Setup Details

4a. In case Registered as Factory, Facroty License No.

License date / / **Date of Trail Production** / /
D D M M Y Y Y Y D D M M Y Y Y Y

4b. Date of Incorporation/Setup / /
D D M M Y Y Y Y

4c. Place of Incorporation/Setup
District/City
State
Pin-Code

4d. Please Specify the Supporting Government Code for the Ownership Type
(I) Name of the Issuing Authority
(ii) Agency/Authority Code No.
(III) Date of Issue / / **Expiry Date (If Any)** / /
D D M M Y Y Y Y D D M M Y Y Y Y

4e. Describe Establishment 's prime(In terms of revenue or people employed) economic/business activity mentioning main product and process

Other Activities

4f. If the exact 5 digit NIC'98 code for your establishment's prime business/econimic activity is known then mention it here

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5 Employee Details(Including all branches,units etc)

5a. Date on which Employee Strength Exceeded 19(4 in case of Cinema Hall) For the first time from the Setup/incorporation date / /
D D M M Y Y Y Y

5b.* Employee Strength on the date of filling this form

5c. Total Wages Paid In Previous Month(In Nearest Rupees)

5d.* Please mention the employee strength for each month(for previoud 36 months)
(Not For Data Capture)

Year												

5e.* Is the Establishment seking Voluntary Coverage **Yes** **No**

5f. If Yes,then Date from which coverage is sought / /
D D M M Y Y Y Y

5g. Reason For Voluntary Cover (Tick mark or both as applicable)
- Less than statutory number of employees required
- Not notified in Schedule

6	Other Supporting Government Codes(If Any)	Code No	Issue Date (D D M M Y Y Y Y)
	a. Small Scale Industries Reg.No		
	b. Income Tax Department PAN		
	c. Emp.State Ins.Corporation		
	d. General Sales Tax No.		
	e. Central Sales Tax No.		
	f. EXIM Code No.		
	g. Excise Dept. Reg.No.		
	h. Custom Dept No.		
	I. RBI Registration No.		
	j. IRDA Reg.No.		
	k. Apparel Ex. Pro. Council Reg.No.		
	l. Dir. Education Reg.No.		
	m. CBSE Reg.No.		
	n. Dir. Health Service Reg. No.		
	o. Food Controller Reg. No.		
	p. Drug Controller Reg.No.		
	q. Electricity Connection No.		
	r. Water Connection No.		
	s. Other Government Code		
	Name of the Issuing Authority		

7a. * Are There any branches/units/subsidiaries to your Establishment ?(Tick Mark) ☐ Yes ☐ No

7b. If Yes,then please mention the total number of branches,units and subsudiaries excluding the Registered/ Head Office ☐☐☐☐
Please furnish an annexure of addresses (in the exact format mentioned in the item 8,9,10 above)for all branches/units/subsidiaries

8 Address of the Establishmen (PLEASE FILL THE COMPLETE ADDRESS,ALL CORRESPONDENCE WILL BE DONE TO THIS ADDRESS)

a. * Serial Number ☐☐☐☐ (Starting with 0001 for Head Office/Registered Office/Corporate Office/Factory)

b. House/Door/Flat/Block No(30 Blocks)

c. Name of the Premises/Building/Village(30 Blocks)

d. Road/Street/Lane/Post Office(30 Blocks)

e. Area/Locality/Taluka/Sub Division(30 Blocks)

f. Town/City/District(30 Blocks)

g. * State/Union Territory(30 Blocks)

h. Country(27 Blocks)

I. * Pin Code

j. * Phone No. (S T D) (N U M B E R)

k. FAX No.

l. Mobile No.

m. E-mail Id

9.* Complying directly with EPFO(Tick Mark) ☐ Yes ☐ No
If No,then Please mention the Brancj Serial Number of Branch through which compliance is desired with EPFO ☐☐☐☐

10 Details of Person for Co-ordination & Follow up

a. Contact Person

b. Designation

c. Phone No. (S T D) (N U M B E R)

d. Fax No.

e. Mobile No.

f. E-mail Id

11.* Verification by Employer

The Details furnished above are true and correct to the best of my knowledge and belief. It is clearly understood that I am liable for legal action in case of false information or failure to disclose any material information

a. Name,Signature and Stamp of Applicant/Authorized Signatory

Name

Signature

Seal of Establishment

b. Date / / **D D M M Y Y Y Y**

c. Place

12 List of Enclosures(Tick Mark if Attached)

- **Photocopy of Code No. letter Issued by EPFO as per Item-2.**
- **Registration Information as mentioned (I.e. supporting government code for the declared ownership type)**
- **Employee & Employer Consent for Item 5e. (if applicable)**
- **List of Branches as mentioned in item 8,9**
- **Other Encl.(for item 6)**

(a)

(b)

©

(d)

(e)

(f)

(g)

For Office Use Only

a. Form Received On / / **D D M M Y Y Y Y**

b. Form Number

c. Date Entry Done On / / **D D M M Y Y Y Y**

Entered By

d. Checked On / / **D D M M Y Y Y Y**

Checked By

e. BN Allotted

f.Allottment Date / / **D D M M Y Y Y Y**

g. Coverage Under Section

h. In case the application is rejected,Reason

Signature of the Compliance Circle Officer with Date