



EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (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 10000761860.]

Code Number : PUPUN2473883000

1. Name of Establishment : SAFEMAX SECURITY SERVICES

2. Code Number of the Establishment under EPF Scheme : PUPUN2473883000

3. Postal address of the Establishment and its branches : Shree Ganesh Apartment, S. No.79/1, Office No 3,4, Mokate Nagar,, Kothrud, PUNE, MAHARASHTRA - 411038 [Please see Annexure I]

4. Industry or business in which engaged : EXPERT SERVICES

5. Date of commencement of business : 15/09/2021

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	Mr. SHIVAJI TUKARAM KADAM	05/10/1976	Partner	TUKARAM KADAM	C-104 CALIPSO SAHAKARU GRUHANIRMAN S. NO.59/1 TO 59/11 NARHE Pune Maharashtra 411046	15/09/2021
2	Mr. Ajit Kumar Lenka	10/06/1974	Partner	Bipra Lenka	flat no 304, siddhivinayak vihar, matalwadi phata pirangut Pune Maharashtra 412115	15/09/2021

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

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SHIVAJI TUKARAM KADAM	05/10/1976	Partner	TUKARAM KADAM	C-104 CALIPSO SAHAKARU GRUHANIRMAN S. NO.59/1 TO 59/11 NARHE Pune Maharashtra 411046	15/09/2021

Date: _____

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment _____

Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.
 Signature of remaining employers:

Signature	Signature
Name _____	Name _____
Signature	Signature
Name _____	Name _____
Signature	Signature
Name _____	Name _____
Signature	Signature
Name _____	Name _____

ANNEXURE - I
Details of Branches of the Establishment

ANNEXURE - II
List of Branches having Separate/ Sub Code Number

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 : SAFEMAX SECURITY SERVICES

Address of the Establishment : Shree Ganesh Apartment, S. No.79/1, Office No 3,4, Mokate Nagar,, Kothrud, PUNE, MAHARASHTRA - 411038

Code Number of the : PUPUN2473883000

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.