

SPECIMEN SIGNATURE CARD FOR UPLOAD WITH THE ONLINE APPLICATION FOR REGISTRATION
WITH EMPLOYEES' PROVIDENT FUND ORGANISATION

(This card is for the specimen signature of the employers of the establishment at the time of
registration of the establishment with the Employees' P F Organization)

NAME OF ESTABLISHMENT SAFEMAX SECURITY AND FACILITY MANAGEMENT SERVICES

ADDRESS OF THE ESTABLISHMENT SHOP NO.03, 'A' WING, SIDDHIVINAYAK

VIHAR, MATALWADI NAKA, BHUGAON, MULSHI, PUNE - 412115

(Please upload for all employers and for Authorized Signatory if any)

Name of the Employer 1.

J KADAM REKHA SHIVAJI

Name of the Employer 2

J LENKA SUCHITRA AJIT

Designation

PARTNER

Designation

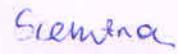
PARTNER

Specimen Signature

1.



1.



2.



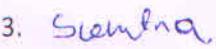
2.



3.



3.



Name of the Employer 3.

Name of the Employer 4

Designation

Designation

Specimen Signature

Specimen Signature

1.

1.

2.

2.

3.

3.

For P F Office Use: Code Number Allotted: