

**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 :

ADDRESS OF THE ESTABLISHMENT :

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

Name of the Employer 1.

Name of the Employer 2

Designation

Designation

Specimen Signature

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:

Required Documents for New EPF Registration

For Proprietorship Firm

- PAN of proprietor
- Aadhaar /Voter id / DL (any one) of proprietor
- GST
- SignCard (fill firm's name, address, proprietor's name, designation and 3 signatures on first employer)
- Cancelled Cheque (with the name of Proprietor or firm)
- DSC (Digital Signature) if available. If not available, we will apply for it.
- Email ID: _____
- Mobile No.: _____
- The date on employee strength crossed 19: _____
- Current strength of employees : _____
- Scanned Copies of Aadhaar of all employees (for challan creation)

For Partnership Firm

- PAN of all Partners
- Aadhaar /Voter id / DL (any one) of all Partners
- GST and partnership deed
- SignCard (fill firm's name, address, Partner's name, designation and 3 signatures on first employer)
- Cancelled Cheque (with the name of firm)
- DSC (Digital Signature) of signing authority (any one partner) if available. If not available, we will apply for it.
- Email ID: _____
- Mobile No.: _____
- The date on employee strength crossed 19: _____
- Current strength of employees : _____
- Scanned Copies of Aadhaar of all employees (for challan creation)

SignCard is attached above-

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NAME OF ESTABLISHMENT : **VISTHAPIT SHRAMIK THEKA SAHKARI SAMITI MARYADIT MAJAN KHURD**

ADDRESS OF THE ESTABLISHMENT : **VILL- MAJAN KHURD , POST- KACHANI,
THANA- WAIDHAN, DISTT- SINGRAULI (M.P.) 486886**

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

Name of the Employer 1. **RAGHOSHARAN**

Name of the Employer 2

Designation **PRESIDENT**

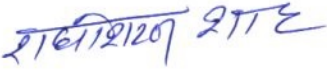
Designation

Specimen Signature

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: