



FORM 5A

RETURN OF OWNERSHIP TO BE SENT TO THE REGIONAL COMMISSIONER
[For Unexempted establishments only]
The Employees' Provident Fund Scheme, 1952
[Para 36A]
The Employees Pension Scheme, 1995
[Para 21]
The Employees' Deposit-Linked Insurance Scheme, 1976
[Para 1]

1. Name of the Establishment:
2. Code number of the Establishment under the Employees' Provident Funds Miscellaneous Provisions Act, 1952 :
3. Postal Address of the Establishment and its branches /departments, if any :
4. Industry or Business in which engaged:
5. Date of first commencement of Production / business (trial /regular) :
6. Date of closure by previous management:
7. Whether run by the owners or lessees:
8. Particulars of owners.

Name	Age	Status*	Father's Name	Residential Address	Date from which in possession

* Whether proprietor, Partner, Mg. Partner, Mg. Director, Director, etc.

9. If on lease, particulars of lessees **(Not applicable)**

Name	Age	Father's Name	Residential Address	Date from which in possession

10. If registered under the Factories Act, particulars of the Manager/Occupier.
(Not applicable)

Name	Age	Father's Name	Residential Address	Date from which in possession

A. Occupier
B. Manger

11. Particulars of the persons mentioned above, who are in charge of, and responsible for, the conduct of, the business of the establishment.

Name	Age	Father's Name	Residential Address	Date from which in possession

Dated

Signature of the Employer
Seal of the establishment

Note: Any change in the information given above should be intimated, in writing, to the Regional Commissioner within fifteen days of such change by registered post and in the prescribed manner.