



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

[illegible]

The Establishment Code No. 

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COMPANY	1	0	PARTNERSHIP	2	0
CO-OPERATIVE SECTOR	3	0	PROPRIETORSHIP	4	0
OTHERS	9	9	TRUST	5	0

(If Others) Please specify

4a. In case Registered as Factory, Factory Licence No.

Licence Date //  
D D M M Y Y Y Y

Date of Trail Production //  
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	<input type="text"/>
	State	<input type="text"/>
	Pin - Code	<input type="text"/>

[illegible]

ii)	Agency / Authority Code No.	<div style="border-bottom: 1px solid black; height: 1em; width: 60px;"></div>
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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 share or people employed) economic / business activity mentioning main product and process

[illegible]

Other Activities	
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4f. If the exact 5 digit NIC"98 code for your establishment's prime business / economic activity actually is known then please mention it here.

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7b. If Yes, then please mention the total number of branches, units and subsidiaries excluding the Registered / Head Office 

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Please furnish an annexure of addresses (in the exact format mentioned in the Item No. 8, 9, 10 above) for all the branches / units / subsidiaries

[illegible]

## 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 furnishing false information or failure to disclose any material information.

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

Name

Signature

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

c. Place

Seal of Establishment

### 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)   
(c)   
(d)   
(e)   
(f)   
(g)

## FOR OFFICE USE ONLY

a. Form Received on   /   /      
D D M M Y Y Y Y

b. Form Number

c. Data 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. Allotment Date   /   /      
D D M M Y Y Y Y

g. Coverage Under Section

h. In case the application is rejected, Reason

Signature Compliance Circle Officer with Date

## INSTRUCTIONS FOR BUSINESS NUMBER APPLICATION FORM FILLING

- A. The Business Number form is designed for data entry in computer for allotment of Business Number. Therefore all the columns Marked '★' must be filled in.
- B. Any incorrect or insufficient or incomplete information may hamper allotment of Business Number and delay the process. Therefore utmost care may be taken in filling the form.
- C. All columns must be filled in **BLOCK CAPITAL LETTERS** using *blue* or *black ball pen* only. Type printing or computer printed is allowed provided the data is clearly legible and exactly in the format prescribed.
- D. Please attach all the relevant enclosures in support of information provided in the application form.
- E. The form shall be submitted in original along with the enclosures in any nearest office of EPFO.

### FORM FILLING GUIDELINES :

- ✓ Under Column No. 1 please fill in the valid name of establishment as registered with the statutory authority. No letters like 'M/s', 'Messrs.', '&' etc. shall be used. (Please write 'and Sons' or 'and Bros.' instead of '& Sons' / '& Bros'.)
- ✓ Under Column No. 2 please mention the current PF code number of establishment in case the establishment is already covered under the same or any other office of the EPFO.
- ✓ Under Column No. 3 please read the code numbers provided for type of ownership and enter the code in digits only in the boxes provided. In case the establishment belongs to any other ownership type please give the total description in the space provided. In case of need add more boxes.
- ✓ Under Column No. 4 please provide the date of incorporation in case of companies incorporated and date of set up in case of other establishments. The date as given in the registration certification of the authority concerned shall be provided in the column and a proof of the same may be enclosed.
- ✓ 4D) Under Column No. 4D please provide the agency or authority under whom the establishment is primarily registered and code number issued by the authority.
- ✓ Under Column No. 4E please fill in the NIC (National Industrial Classification) code if known. In case the same is not known, leave the boxes blank.
- ✓ Under Column No. 5 please give the number of employees as on the proposed date of coverage and the date on which the number exceeded the nineteen (four in case of cinema establishment) employees.
- ✓ Under Column No. 5D please give number of employees - year wise, month wise for the previous three years, preceding the date of application. The number of employees on date of application shall be filled in last column and preceding the other columns chronologically. Any blank columns in the beginning may be scored off in case of establishment's starting date being less than three years.
- ✓ Column No. 5E, F & G may be filled in only in case where the coverage is sought voluntarily under Section 1(4) of the Act with consent of the employees. Please enclose support of consent of majority employees and employer to the form.
- ✓ Under Column No. 6 please enter the other registered codes under different governmental authorities other than the one provided under column 3-4. Please attach supporting documents copy.
- ✓ Under Column No. 7 in case of the establishment having branches in addition to the applicant unit, please give the details in the proforma given under column 8-9 in separate sheet.
- ✓ Under Column No. 8 please give the exact postal address of the establishment where the code number allotment letter and all future correspondence is desired to be received.
- ✓ Under Column No. 9 please tick 'Yes' in case the unit will pay the dues separately for the employees engaged within the unit and also submit returns to EPFO. Alternatively, the unit may also pay the dues through any other

branch and submit returns through such branch in which the serial number of such branch may be quoted in the column provided. All correspondence regarding compliance and other matters will be dealt with such branch only in respect of this unit also.

- ✓ Under Column No. 10 please give the details of person authorised to contact EPFO.
- ✓ Under Column No. 11 the employer shall personally ascertain that the information provided in the application are true and factually correct as per the original records and certify. Any failure to disclose any material information or furnishing incorrect information will render the establishment and employer liable for legal action as per the provisions of the EPF & MP Act 1952 and the Schemes framed there under.
- ✓ Under Column No. 12 please tick appropriate boxes and fill in the additional information in blank place provided.
- ☐ Please attach additional sheets in case of necessity.
- ☐ In case of any clarification or guidance required in filling the form the employer may contact the EPFO's nearest office on any working day.
- ☐ Please note that the form is supplied free of cost and no charges what so ever shall be payable to any person or authority for allotment of Business Numbers.
- ☐ The employer may also note that he is statutorily bound to apply and obtain the Business Number for complying with the provisions of the EPF & MP Act 1952 and any failure to come forward for coverage or attempt to avoid coverage or failure to cooperate with EPFO in furnishing the information called for will render him liable for legal action under the Act and the Schemes framed thereunder.
- ☐ In case of any delay in allotment of Business Number the employers are advised to write to the Regional Provident Fund Commissioner - I of the Region concerned or the Additional Central Provident Fund Commissioner (Zone) or file a compliant through our website at [epfindia.com](http://epfindia.com)., [epfindia.org](http://epfindia.org).

#### **ADDRESSES OF ADDITIONAL CPFC (ZONES)**

<b>ADDRESS</b>	<b>REGIONS UNDER CONTROL</b>
Additional CPFC (North Zone) No. 30-31, Institutional Area Janakpuri, Opp. : D Block New Delhi - 110 058.	Delhi, Uttar Pradesh, Uttaranchal Himachal Pradesh, Punjab, Haryana
Additional CPFC (East Zone) Bhavishya Nidhi Bhawan D.K. Block, Sector II, Salt Lake City Kolkata - 700 091. West Bengal	West Bengal, North East, Bihar, Jharkhand, Orissa
Additional CPFC (South Zone) Bhavishya Nidhi Bhawan No. 3-4-763, Bankatpura Chaman Hyderabad - 500 027. Andhra Pradesh	Andhra Pradesh Kerala, Karnataka Chennai Region & Pondicherry Madurai Region & Coimbatore Region
Additional CPFC (West Zone) Bhavishya Nidhi Bhawan 341, Bandra East, Mumbai - 400 051. Maharashtra.	Maharashtra, Goa, Gujarat, Madhya Pradesh, Chattisgarh, Rajasthan

# SPECIMEN NSSN DATA FORMAT

1. Current PF Account Number 







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[illegible]

Same as correspondence Address ☐ (Please darken the circle, if applicable)

[illegible][illegible][illegible][illegible][illegible][illegible]

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(Signature or thumb Impression of the subscriber without date)