EMPLOYEES' PROVIDENT FUND ORGANIZATION Form For Allotment of Business Number (BN)

PLEASE FILL ALL THE FIELDS IN CAPITAL ENGLISH BLOCK LETTERS USING BLUE / BLACK BALL POINT PEN ONLY. FIELDS MARKED (*) ARE MANDATORY. READ INSTRUCTIONS SHEET CAREFULLY BEFORE

1.*	FILLING THE FORM. Full name of the establishment / factory (as registered with Income Tax department, Registrar of Companies or any other government authority.														
2.	If the Establishment is already covered then The Establishment Code No.														
3. *	Status / Ownership Type (Please Mention exact code from the List Below)														
	COMPANY 1 0 PARTNERSHIP 2 0														
	CO-OPERATIVE SECTOR 3 0 PROPRIETORSHIP 4 0														
	OTHERS 9 9 TRUST 5 0														
	(If Others) Please specify														
4.*	Incorporatin / Setup Details														
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 M Y Y Y Y														
4c.	Place of Incorporation / Setup District / City														
	State														
	Pin - Code														
4d.	Please Specify the Supporting Governement Code for the Ownership Type														
	i) Name of The Issuing Authority														
	ii) Agency / Authority Code No.														
	iii) Date of Issue / / / Expiry Date (if any) / / / / / / / / / / / / / / / / / / /														
4e.	D D M M Y Y Y Y Describe Establishment's prime (In terms of revenue share or people employed) economic / business activity mentioning main product and process														
	Other Activities														
4f.	If the exact 5 digit NIC"98 code for your establishment's prime business / economic actually is known then please mention it here.														

5.	Employee Details (Includ	ing all b	ranche	es, u	nits e	etc.)																
5a.	Date on which Employee S For the first time from the s						ase	of C	inen	na)	D]/ D	М	M	/ [Y	Υ	Y	Y]			
5b.*	Employee Strength on the	date of f	illing th	is fo	rm																	
5c.	Total Wages Paid In Previo	ous Monf	th (In N	eare	st Ru	ıpee	s)			\top												
5d.*	Please mention the employ	ee strer	gth for	eacl	h mor	nth (for	prev	ious	36	month	ns)										
	(Not for Data Capture)	Year	JA	AN	FEB	МА	R.	APR	R M	AY	JUN	JUI	_ [AUC	SI	ĒΡ	OC	т	NO	V	DE	С
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5e.*	Is the Establishment Seeki	ng Volur	ntary Co	over	age					Yes			Ν	lo								
5f.	If Yes, then date from whic	:h covera	ige [) D	/ [_ M	M	<u> </u>	Y Y	Υ	Y												
5g.	Reason For Valuntary Cov	erage	Mark o	ne o	f both	as	app	olical	ole		Le	ss th	an ee:	stat s re	utor	y nu ed	ımb	er	of			
											No	t not	ifie	d in	sch	edu	le					
6.	Other Supporting Govern	nment C	odes (i	f an	y)			Cod	e N	ο.				_	_		ssue	e D			.,	.,
a.	Small Scale Industries Reg	j. No.			П						П			\Box	/	·	\prod^{M}	/	\prod^{Y}	$\frac{Y}{T}$	Ť	$\stackrel{Y}{ o}$
b.	Income Tax Department PA	AN		F	Ħ					T	$\overline{\Box}$	T		Ħ	\exists'	Ē	Ħ	/	$\overline{\Box}$	寸	寸	╡
C.	Emp. State Ins. Corporation	n				T		П	Ť	T				П	= ′/	Ē	Ħ	/	Ħ	寸	寸	╡
d.	General Sales Tax No.							П	Ť	T				П	='/	Ē	亓	/	Ħ	寸	寸	╡
e.	Central Sales Tax No.					T	T	П	Ť	Ť				П	<u> </u>	Ē	丅	/	Ħ	寸	寸	ī
f.	EXIM Code No.								İ	İ		Ħ		\Box	= /	Ē	$\overline{\sqcap}$	/		寸	寸	ī
g.	Excise Dept. Reg. No.						İ		Ť	Ī		Ī		\Box	= /	Ē	$\overline{\sqcap}$	/		寸	寸	
h.	Custom Dept. Reg. No.													$\overline{\Box}$	= /	Ē	$\overline{\sqcap}$	/		Ī	Ī	
i.	RBI Registration No.									Ī				\Box	\equiv /	\vdash	$\overline{\sqcap}$	/		\exists	\exists	
j.	IRDA Reg. No.														\equiv /		$\overline{\square}$	/		\exists	\exists	
k.	Apparel Ex. Pro. Council R	eg. No.													\equiv /			/				
l.	Dir. of Eductation Reg. No.														\equiv /		$\overline{\Box}$	/			\Box	\exists
m.	CBSE Reg. No.													\Box	\equiv /	\equiv	$\overline{\square}$	/		\exists	\exists	\exists
n.	Dir. of Health Service Reg.	No.													\equiv /		$\overline{\square}$	/		\exists	\exists	\exists
0.	Food Controller Reg. No.														\equiv /			/			\Box	
p.	Drug Controller Reg. No.														\equiv /		$\overline{\square}$	/			\Box	\exists
q.	Electricity Connection No.														\equiv /			/			\Box	\exists
r.	Water Connection No.									$\overline{\perp}$					$\bar{\Box}/$		$ar{\Box}$	/			$\overline{\mathbb{I}}$	
s.	Other Government Code																	/		\prod	\prod	
	Name of the Issuing Author	rity															\perp	\Box	\perp]

7a.*	Are	There any branches / uni	ts / subsid	diarie	s to	you	Est	ablis	hm	ent	? (Tick	m	ark)) }	es/			Ν	o [
7b.		s, then please mention the tota e furnish an annexure of addresses (ir										_		_						<u>э</u> [I	
8.	Add	Iress of the Establishme	ent (PLEASE	FILL 1	ГНЕ С	OMPL	ETE AI	DDRE:	SS, A	LL (ORR	ESP(OND	ENCI	E WIL	L BE	DO	NE T	O TH	IIS F	ADDI	RESS)	
a.*	Seria	al Number				(:	Startino	g with (0001	for H	lead (Office	/ Re	egiste	red C	ffice	/ Cor	pora	te Of	fice	/ Fac	tory)		
b.	Hous	se / Door / Flat / Block No. (30	Blocks)																				T	
C.	Nam	e of Premises/Building/Village	(30 Blocks)																	\mathbb{L}			I	
d.	Road	d/Street/Lane/Post Office (30 B	locks)																				\prod	
e.	Area	/Locality/Taluks/Sub Division (3	30 Blocks)																				\prod	
f.	Towr	n/City/District (30 Blocks)																					\prod	
g.*	State	e/Union Territory (30 Blocks)																					I	
h.	Cour	ntry (27 Blocks)																					\prod	
i.*	Pin (Code																						
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j.*	Phor	ne No.																						
k.	FAX	No.																						
l.	Mobi	ile No.																						
m.	E-ma	ail Id																					I	
9.*	Cor	nplying directly with EP	FO (Tick	marl	k)		— Г	—] ү	es			No												
	If No	, then Please mention the Bran	nch Serial Nu	umbei	r of bı	anch	throu	ப igh w	hich	cor	mplia	nce	is c	lesir	ed w	ith E	PF	0		Ι]	
10.	Det	ails of Person for Co-or	dination 8	& fol	low	up																		
	a.	Contact Person Name																						
	b.	Designation																						
			STD		N	UMB	ER																	
	C.	Phone No.																						
	d.	Fax No.]																
	e.	Mobile No.]																
	f.	E-mail Id			П															Γ				

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.	nme, Signature and Stamp of Applicant / Authorized Signatory														
	Name Name														
	Seal of Establishment														
	Signature														
b.	Date//														
C.	D D M M Y Y Y Y Place														
	List of Enclosures (Tick mark if attached)														
12.															
	Photocopy of Code No. Letter issued by EPFO as per item 2.														
	egistration Information as mentioned (i.e. supporting government code for the declared ownership type) mployee & 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 DDD / MM / YYYYY b. Form Number														
C.	Data Entry Done on DDD Entered by														
d.	Checked on Checked by														
e.	BN Allotted F. Allotment Date // // // // // // F. Allotment Date														
g.	Coverage Under Section D D M M Y Y Y Y														
h.	In case the application is rejected, Reason														
Sigr	eature 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., epfindia.org.

ADDRESSES OF ADDITIONAL CPFC (ZONES)

ADDRESS	REGIONS UNDER CONTROL
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

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3.	Father's Full Name (N	No ii	nitial	s and	d no	titles	s. Exp	and	initia	als. D	o no	abl	orevi	ate n	ames	s. P	leas	e se	e a	bove	me	enti	one	d ex	amı	oles	.)			
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_	3. In case, applicant known		-			ith &	year	of b	oirth	as A	pril 1	1961	dat	e of	birth	sha	ıll be	e L	1	0		<u>' '</u>	<u>+</u>	Ľ	19	Ι,	2	<u>'</u>		
7.	Place of Birth (no nu	mei	rais	plea	ıse)				_		_	_	_						_		_		_	7						
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8.	Nationality of Applica	nt (Plea	ase o	dark	en t	he c	orre	spor	nding	cir	cle,	as a	appli	cable	e) li	ndia	เท	Ó	Oth	er	C	<u> </u>							
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9.	Have you ever been	kno	wn	bv a	ınv d	othei	r nar	ne ?) Ple	ease	dar	ken	the	corr	espo	ond	ina	circ	le.	as a	laa	ica	ble)) Ye	es () I	No	0		
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10.	Corresponding Address	;												N	155	oIN 1	orn	n IN	0.							—	_	—		
	House / Flat / Door /								Γ	Γ					Γ															
	Block No.																													_
	Name of Premises / Building / Village																													
	Road / Street / Lane / Post Office																													
	Area / Locality / Taluka / Sub-division																													
	Town / City / District																													
	State / Union Territory																									P	in C	Cod	e	
	Country																													
11.	Permanent Address			Saı	ne	as c	orr	esp	ond	lend	e A	ddı	ess	0	(Ple	ase	da	rkei	n the	e cir	cle,	if a	ppli	cab	le)					
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	Road / Street / Lane / Post Office																													
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	appear on the NSSN card (No Nick name)						<u> </u>						<u> </u>				<u> </u>			ı										
14.	Father's Name as it																		Π											
	would appear on the NSSN card (No nick name	ш me)					·				•	'	<u> </u>	•		-		•			•				•	 				

15. I hereby declare that the above information is correct to the best of knowledge and belief.