FORM No 5A Date :16-Oct-2023

EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

(Ist RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 1139225251.]

Code Number : THTHA0021136000

1. Name of Establishment : BOMBAY INTEGRATED SECURITY(INDIA) LTD.

2. Code Number of the Establishment under EPF Scheme : THTHA0021136000

3. Postal address of the Establishment and its branches : 101, OMEGA HOUSE,, HIRANANDANI GARDENS, POWAI,, MUMBAI, MUMBAI SUBURBAN, MAHARASHTRA - 400076 [Please see Annexure I]

4. Industry or business in which engaged : EXPERT SERVICES

5. Date of commencement of business : 01/10/1981

6. Date of closure by previous : N/A

7. Whether run by owner or lessee : Run by Owner

8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SANTOSH RAMNIWAS SINGH	12/08/1977	CHAIRMAN AND MANAGING DIRECTOR	RAMNIWAS SINGH	A-704-705, LOTUS BUILDING, HIRANANDANI GARDENS, POWAI, MUMBAI-400076	14/02/2022

9. In case on lease, particulars of lessee : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date

10. If registered under Factories Act, particulars of Manager or : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of business of the

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SANTOSH RAMNIWAS SINGH	12/08/1977	CHAIRMAN AND MANAGING DIRECTOR	RAMNIWAS SINGH	A-704-705, LOTUS BUILDING, HIRANANDANI GARDENS, POWAI, MUMBAI-400076	14/02/2022

Date: Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.
Signature of remaining employers:

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

ANNEXURE - I

Details of Branches of the Establishment

ANNEXURE - II

List of Branches having Separate/ Sub Code Number

S. No.	Est Id - Branch Name	Address	State - Pincode	Branch Type	Employees	Status	Status Updated
1	WBCAL0040918000 - Bombay Intelligence Security (I) Ltd.	32, Chinar Park, Po-Hatiara, Kolkata	West Bengal - 700059	Branch	0	Working	--

SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online application.

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : BOMBAY INTEGRATED SECURITY(INDIA) LTD.

Address of the Establishment : 101, OMEGA HOUSE,, HIRANANDANI GARDENS, POWAI,, MUMBAI, MUMBAI SUBURBAN, MAHARASHTRA - 400076

Code Number of the : THTHA0021136000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

 # Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____

2. _____

3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

[ ] Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.
In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.

Signature Not Verified

Date:2023/10/16 10:17:50 IST
Signed by:AMARJEET AWADH[illegible]AN SINGH