

**EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)****EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)****EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para****(1st 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 1338034114.]

Code Number : PUPUN0031001000

1. Name of Establishment : ELECTRONICA FINANCE LIMITED
2. Code Number of the Establishment under EPF Scheme : PUPUN0031001000
3. Postal address of the Establishment and its branches : AUDUMBAR, 101/1 ERANDAWANE DR KETKA, R ROAD, PUNE, KOTHRUD, PUNE, MAHARASHTRA - 411004 [Please see Annexure I]
4. Industry or business in which engaged : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 04/05/1993
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	Ms. SHILPA SHRIKANT POPHALE	09/03/1971	MANAGING DIRECTOR	SHRIKANT POPHALE	DEVKUNJ APARTMENT, FLAT NO 302, PLOT NO 89A, PRABHAT ROAD, LANE NO 15, PUNE 411004	01/06/2006
2	Ms. SMITA MILIND SANDHANE	09/03/1960	DIRECTOR	MADHUSUDAN	116/3, SWOJAS ROYALE, LANE NO 14, PRABHAT ROAD, PUNE - 411004	28/04/2022

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

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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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
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S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Ms. SHILPA SHRIKANT POPHALE	09/03/1971	MANAGING DIRECTOR	SHRIKANT POPHALE	DEVKUNJ APARTMENT, FLAT NO 302, PLOT NO 89A, PRABHAT ROAD, LANE NO 15, PUNE 411004	01/06/2006

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

ANNEXURE - III

Details of Bank Account Number

S No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	ICIC0000005	ICICI BANK LIMITED	PUNE - BUND GARDEN	000505022347	CURRENT	YES

Copy of cheque of the primary account number : null

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 : ELECTRONICA FINANCE LIMITED

Address of the Establishment : AUDUMBAR, 101/1 ERANDAWANE DR KETKA, R ROAD, PUNE, KOTHRUD, PUNE, MAHARASHTRA - 411004

Code Number of the : PUPUN0031001000

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.