

**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 10)****(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 8620886447.]

Code Number : CBCBE0010515000

1. Name of Establishment : PRICOL LIMITED
2. Code Number of the Establishment under EPF : CBCBE0010515000
3. Postal address of the Establishment and its branches : POST BOX NO.4209, PERIANAICKENPALAYAM, COIMBATORE, COIMBATORE, TAMIL NADU - 641020 [Please see Annexure I]
4. Industry or business in which : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 06/03/1972
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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD,	08/11/2021

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

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

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD,	08/11/2021

Date:

Signature of employer _____

Name 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 On
1	GRCDP1821512000 - Pricol Limited	650 Benjamin Road, Sricity,Tada., Chittoor	Andhra Pradesh - 517541	Factory	23	Working	--

ANNEXURE - III**Details of Bank Account Number**

S No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	ICIC0000016	ICICI BANK LIMITED	COIMBATORE - TRICHY ROAD	001651000012	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

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : PRICOL LIMITED

Address of the Establishment : POST BOX NO.4209, PERIANAICKENPALAYAM, COIMBATORE, COIMBATORE, TAMIL NADU - 641020

Code Number of the : CBCBE0010515000

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 _____

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 valid

Date:2025/10/10 16:57:09 IST
Signed by:SENTHIL KUMAR S





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 10)

(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 2548794441.]

Code Number : CBCBE001051500B

1. Name of Establishment : PRICOL LIMITED
2. Code Number of the Establishment under EPF : CBCBE001051500B
3. Postal address of the Establishment and its branches : PLANT III - IV, METTUPALAYAM ROAD, BILICHI VILLAGE KARAMADAI,, COIMBATORE, COIMBATORE, TAMIL NADU - 641104 [Please see Annexure I]
4. Industry or business in which : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 06/03/1972
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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD,	08/11/2021

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

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

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD,	08/11/2021

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	ICIC0000016	ICICI BANK LIMITED	COIMBATORE - TRICHY ROAD	001651000012	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

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : PRICOL LIMITED

Address of the Establishment : PLANT III - IV, METTUPALAYAM ROAD, BILICHI VILLAGE KARAMADAI,, COIMBATORE, COIMBATORE, TAMIL NADU - 641104

Code Number of the : CBCBE001051500B

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 _____

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 valid

Date:2025/10/11 08:24:00 IST
Signed by:SENTHIL KUMAR S



**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 2725738920.]

Code Number : PUPUN0124355000

1. Name of Establishment : PRICOL. LTD.
2. Code Number of the Establishment under EPF Scheme : PUPUN0124355000
3. Postal address of the Establishment and its branches [Please see Annexure : PLANT 5, SR.NO, 1065&1066, PIRANGUT TAL MULSHI, PUNE, PUNE, MAHARASHTRA - 412108
4. Industry or business in which engaged : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 03/03/2005
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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

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
1	Mr. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

Date:

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	ICIC0000016	ICICI BANK LIMITED	COIMBATORE - TRICHY ROAD	001651000012	CURRENT	YES

Copy of cheque of the primary account number : 001651000012

A/C PAYEE PAY	CBS BUSINESS BANKING : CURRENT ACCOUNT	DATE _____ OR ORDER		
RUPEES _____	Rs. 			
CCGEN A/c No.	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">ANWB</td> </tr> <tr> <td style="padding: 2px;">001651000012</td> </tr> </table>	ANWB	001651000012	FOR PRICOL LIMITED
ANWB				
001651000012				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p style="font-size: small; margin: 0;">Saraswati (P) Ltd. Chennai</p> <p style="font-size: x-small; margin: 0;">R 29/4/10</p> <p style="font-size: small; margin: 0;">ICICI Bank Limited</p> <p style="font-size: x-small; margin: 0;">Coimbatore Branch</p> <p style="font-size: x-small; margin: 0;">Cheran Plaza, Trichy Road,</p> <p style="font-size: x-small; margin: 0;">Coimbatore 641018.</p> </div> <div style="width: 40%; text-align: center;"> <p style="font-size: small; margin: 0;">RTGS / NEFT / IFSC Code : ICIC0000016</p> </div> <div style="width: 25%; text-align: right;"> <p style="font-size: small; margin: 0;">AUTHORISED SIGNATORIES</p> </div> </div>				
<p style="font-size: x-small; margin: 0;">Payable as per all branches of ICICI Bank Limited in India.</p>				
<p style="font-family: monospace; font-size: small; margin: 0;">⑈ 785122⑈ 641229002⑈ 000012⑈ 30</p>				

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 : PRICOL. LTD.

Address of the Establishment : PLANT 5,SR.NO,1065&1066, PIRANGUT TAL MULSHI, PUNE, PUNE, MAHARASHTRA - 412108

Code Number of the : PUPUN0124355000

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 valid

Digitally signed by NITIN KHANDERAO WAG
Date: 2022.04.09 10:43:52 IST



**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 3070126896.]

Code Number : UKHLD0034533000

1. Name of Establishment : PRICOL LTD
2. Code Number of the Establishment under EPF Scheme : UKHLD0034533000
3. Postal address of the Establishment and its branches [Please see Annexure] : PLOT NO.11, SECT-10, I I E , PANTNAGAR, PANT NAGAR, UDHAM SINGH NAGAR, UTTARAKHAND - 263140
4. Industry or business in which engaged : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 01/04/2007
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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE - 641006	08/11/2021

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
1	Mr. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE - 641006	08/11/2021

Date:

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	ICIC0000016	ICICI BANK LIMITED	COIMBATORE - TRICHY ROAD	001651000012	CURRENT	YES

Copy of cheque of the primary account number : 001651000012

CBS BUSINESS BANKING : CURRENT ACCOUNT		DATE _____
PAY _____		OR ORDER _____
RUPEES _____	Rs. 	
CCGEN A/c No.	ANWB 001651000012	FOR PRICOL LIMITED
 ICICI Bank Limited Coimbatore Branch Cheran Plaza, Trichy Road, Coimbatore 641018.		AUTHORISED SIGNATORIES
RTGS / NEFT / IFSC Code : ICIC0000016		
Payable as per all branches of ICICI Bank Limited in India.		
⑈ 785122⑈ 641229002⑈ 000012⑈ 30		

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 : PRICOL LTD

Address of the Establishment : PLOT NO.11, SECT-10, I I E , PANTNAGAR, PANT NAGAR, UDHAM SINGH NAGAR, UTTARAKHAND - 263140

Code Number of the : UKHLD0034533000

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.

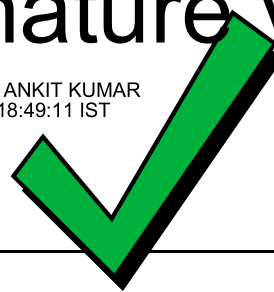
Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

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 valid

Digitally signed by ANKIT KUMAR
Date: 2021.11.19 18:49:11 IST



**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 10000141773.]

Code Number : GNGGN1738255000

1. Name of Establishment : PRICOL LIMITED
2. Code Number of the Establishment under EPF Scheme : GNGGN1738255000
3. Postal address of the Establishment and its branches [Please see Annexure : PLOT NO 120, SECTOR 8, PHASE IV, IMT MANESAR, GURGAON, GURGAON, HARYANA - 122051
4. Industry or business in which engaged : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 02/04/2018
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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

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
1	Mr. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

Date:

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	ICIC0000016	ICICI BANK LIMITED	COIMBATORE - TRICHY ROAD	001651000012	CURRENT	YES

Copy of cheque of the primary account number : 001651000012

A/C PAYEE PAY	CBS BUSINESS BANKING : CURRENT ACCOUNT	DATE _____
RUPEES		OR ORDER
CC GEN A/c No.		FOR PRICOL LIMITED
<div style="display: flex; align-items: center;"> ICICI Bank ICICI Bank Limited Coimbatore Branch Cheran Plaza, Trichy Road, Coimbatore 641018. </div>		AUTHORIZED SIGNATORIES
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">ANWB</div> <div style="border: 1px solid black; padding: 2px;">001651000012</div> </div>		Rs.
RTGS / NEFT / IFSC Code : ICIC0000016		
Payable as per all branches of ICICI Bank Limited in India.		
⑈ 785122⑈ 641229002⑈ 000012⑈ 30		

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 : PRICOL LIMITED

Address of the Establishment : PLOT NO 120, SECTOR 8, PHASE IV, IMT MANESAR, GURGAON, GURGAON, HARYANA - 122051

Code Number of the : GNNGN1738255000

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.

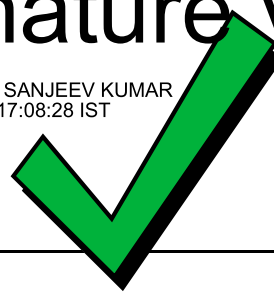
Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

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 valid

Digitally signed by SANJEEV KUMAR
Date: 2021.12.14 17:08:28 IST



**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 10000212416.]

Code Number : GRCDP1821512000

1. Name of Establishment : PRICOL LIMITED
2. Code Number of the Establishment under EPF Scheme : GRCDP1821512000
3. Postal address of the Establishment and its branches [Please see Annexure : 650 BENJAMIN ROAD, SRICITY, TADA., null, TADA, CHITTOOR, ANDHRA PRADESH - 517541
4. Industry or business in which engaged : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 01/12/2018
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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

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
1	Mr. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

Date:

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	ICIC0000016	ICICI BANK LIMITED	COIMBATORE - TRICHY ROAD	001651000012	CURRENT	YES

Copy of cheque of the primary account number : 001651000012

A/C PAYEE PAY	CBS BUSINESS BANKING : CURRENT ACCOUNT	DATE _____ OR ORDER		
RUPEES _____ _____ _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Rs. </div>	FOR PRICOL LIMITED AUTHORIZED SIGNATORIES		
CCGEN A/c No. _____ ICICI Bank ICICI Bank Limited Coimbatore Branch Cheran Plaza, Trichy Road, Coimbatore 641018.	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">ANWB</td> </tr> <tr> <td style="padding: 2px;">001651000012</td> </tr> </table>	ANWB	001651000012	
ANWB				
001651000012				
RTGS / NEFT / IFSC Code : ICIC0000016				
Payable as per all branches of ICICI Bank Limited in India.				

@ 785122 @ 6412290021 000012 @ 30

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 : PRICOL LIMITED

Address of the Establishment : 650 BENJAMIN ROAD, SRICITY, TADA., null, TADA, CHITTOOR, ANDHRA PRADESH - 517541

Code Number of the : GRCDP1821512000

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.

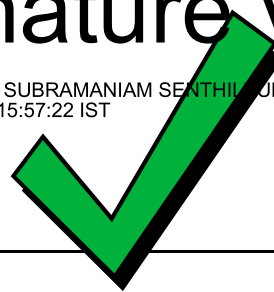
Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

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 valid

Digitally signed by SUBRAMANIAM SENTHIL KUMAR
Date: 2021.11.16 15:57:22 IST



**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 10000113381.]

Code Number : CBCBE1713500000

1. Name of Establishment : PRICOL LIMITED
2. Code Number of the Establishment under EPF Scheme : CBCBE1713500000
3. Postal address of the Establishment and its branches : 109 RACE COURSE CPM TOWERS, COIMBATORE, COIMBATORE, COIMBATORE, TAMIL NADU - 641018 [Please see Annexure I]
4. Industry or business in which engaged : ELEC, MECH OR GEN ENGG PRODUCTS
5. Date of commencement of business : 11/07/2017
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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

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. PM GANESH	14/02/1969	CHIEF EXECUTIVE OFFICER	MUTHUSWAMY PS	D1 031, MANCHESTAR GRAND APARTMENTS, AVARAMPALAYAM ROAD, COIMBATORE-641006	08/11/2021

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	ICIC0000016	ICICI BANK LIMITED	COIMBATORE - TRICHY ROAD	001651000012	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 : PRICOL LIMITED

Address of the Establishment : 109 RACE COURSE CPM TOWERS, COIMBATORE, COIMBATORE, COIMBATORE,
TAMIL NADU - 641018

Code Number of the : CBCBE1713500000

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.

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In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

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Signature valid

Date:2024/03/01 17:41:43 IST
Signed by:SUBRAMANIAM SENTHILKUMAR

