

**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 10001396760.]

Code Number : DSNHP3153844000

1. Name of Establishment : YIELDMONK ADS PRIVATE LIMITED
2. Code Number of the Establishment under EPF : DSNHP3153844000
3. Postal address of the Establishment and its branches : 275, GROUND FLOOR, TARLA, MOHALLA, VILLAGE GHITORN, New Delhi, SOUTH WEST, DELHI - 110038 [Please see Annexure I]
4. Industry or business in which : OTHERS
5. Date of commencement of business : 13/12/2023
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. SACHIN GROVER	18/02/1977	Director	HARISH GROVER	901, EMPEROR3, SUPERTECH EMERALD CO	13/12/2023
2	Mr. NEEL KOTHARI	03/07/1980	Director	MURLI KOTHARI	FLAT NO 502, 5TH FLOOR, TOWER G S 5	13/12/2023

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. NEEL KOTHARI	03/07/1980	Director	MURLI KOTHARI	FLAT NO 502, 5TH FLOOR, TOWER G S 5	13/12/2023

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	UTIB0000723	AXIS BANK	SECTOR 62 (NOIDA)	924020000602665	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 : YELDMONK ADS PRIVATE LIMITED

Address of the Establishment : 275, GROUND FLOOR, TARLA, MOHALLA, VILLAGE GHITORN, New Delhi, SOUTH WEST, DELHI - 110038

Code Number of the : DSNHP3153844000

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.