**FORM No 5A** Date : 11-Dec-2024

**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 2197906708.]

*Code Number : APHYD0011773000*

1. Name of Establishment : ORIENT BLACK SWAN

2. Code Number of the Establishment under EPF Scheme : APHYD0011773000

3. Postal address of the Establishment and its branches : 3-6-272, HIMAYAT NAGAR, HYDERABAD, HYDERABAD, TELANGANA - 500029 [Please see Annexure I]

4. Industry or business in which engaged : STONEWARE PIPES

5. Date of commencement of business : 07/01/1948

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. NANDINI RAO | 23/08/1959 | CHAIRMAN AND MANAGING DIRECTOR | J RAMESHWAR RAO | 5-9-23/1, SHARANYE, HILL FORT ROAD, OPP. THE RITZ HOTEL, HYDERABAD 500029 | 05/10/1998 |
| 2 | Mr. J KRISHNADEV RAO | 03/02/1964 | WHOLE TIME DIRECTOR | J RAMESHWAR RAO | PLOT NO 866, ROAD NO 45, JUBILEE HILLS, HYDERABAD 500033 | 05/10/1998 |

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. J KRISHNADEV RAO | 03/02/1964 | WHOLE TIME DIRECTOR | J RAMESHWAR RAO | PLOT NO 866, ROAD NO 45, JUBILEE HILLS, HYDERABAD 500033 | 05/10/1998 |

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 _____

## 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 | HDFC0000021 | HDFC BANK | HYDERABAD - LAKDIKAPUL | 00210120000148 | 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 JAGAN MOHAN REDDY

Name of Establishment : ORIENT BLACK SWAN

Address of the Establishment : 3-6-272, HIMAYAT NAGAR, HYDERABAD, HYDERABAD, TELANGANA - 500029

Code Number of the : APHYD0011773000

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 JAGAN MOHAN REDDY

for Orient Blackswan Private Limited

Chairperson and Whole Time Director

ATTESTED

Signature of employer

Name of Employer NANDINI RAO

Designation of Employer CHAIRPERSON AND WHOLE TIME DIRECTOR

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:2024/12/11 16:05:08 IST
Signed by:JAGAN MOHAN REDDY

**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 K ANANTH SHEKAR

Name of Establishment : ORIENT BLACK SWAN

Address of the Establishment : 3-6-272, HIMAYAT NAGAR, HYDERABAD, HYDERABAD, TELANGANA - 500029

Code Number of the : APHYD0011773000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

*# Strike whichever is not applicable*

SPECIMEN SIGNATURE 1. K. Ananth Shekar
2. K. Ananth Shekar
3. K. Ananth Shekar

SPECIMEN SIGNATURE OF Mr/Ms K ANANTH SHEKAR

SPECIMEN SIGNATURE ATTESTED

for Orient Blackswan Private Limited

Signature of employer

Name of Employer NANDINI RAO

Designation of Employer CHAIRPERSON and Whole Time Director
DIRECTOR

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:2024/12/11 16:05:08 IST
Signed by:JAGAN MOHAN REDDY