



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 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
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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. 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 _____

Mobile number _____

Seal of Establishment

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	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

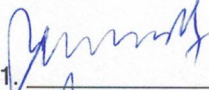
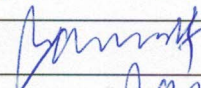
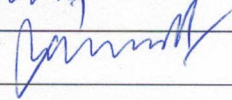
Address of the Establishment : 3-6-272, HIMAYAT NAGAR, HYDERABAD, HYDERABAD, TELANGANA - 500029

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

or Orient Blackswan Private Limited
ATTESTED

Signature of employer

Name of Employer

Designation of Employer


Chairperson and Whole Time Director
NANDINI RAO
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.

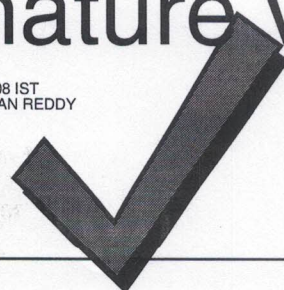
Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

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

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms

K ANANTH SHEKAR

ATTESTED
Orlent Blackswan Private Limited

Signature of employer

X Nandini Rao

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.

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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

