

(This card is for the specimen signature of the employers of the establishment at the time of registration of the establishment with the Employees' P F Organization)

NAME OF ESTABLISHMENT _____

ADDRESS OF THE ESTABLISHMENT _____

(Please upload for all employers and for Authorized Signatory if any)

Name of the Employer 1.

Name of the Employer 2

Designation

Designation

Specimen Signature

Specimen Signature

1.

1.

2.

2.

3.

3.

Name of the Employer 3.

Name of the Employer 4

Designation

Designation

Specimen Signature

Specimen Signature

1.

1.

2.

2.

3.

3.

For P F Office Use: Code Number Allotted: