ONLINE REGISTRATION OF ESTABLISHMENT WITH DSC

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USER MANUAL

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IS DIVISION EMPLOYEES PROVIDENT FUND ORGANISATION Head Office, New Delhi

ONLINE REGISTRATION OF ESTABLISHMENTS

CONTENTS

SI.No.	Particulars	Page No.
1.	Instructions for Employer Registration	1-4
2.	Instructions for DSC Registration	5 – 9
3.	Instructions for filling OLRE Application	10 – 26
4.	Check List (requirements for applying for OLRE)	27
5.	How to sign PDF digitally	28
6.	Steps for installing JAVA	31

To read the specific chapter, open the hyperlink by pressing Control+Click

INSTRUCTIONS FOR EMPLOYER REGISTRATION

In the EPFO Official Website, <u>www.epfindia.gov.in</u>, select the 'For Employers', under 'Our Services' and then select the fourth item, 'Online Registration of Establishment (OLRE Portal)' this will open the Employer Registration Homepage.

In the Employer Registration Homepage, New user needs to select the Register option, to register the Employer. Already registered Employers can directly login with their credentials. This document explains the process of Employer registration. This should be followed by registration of DSC (Digital Signature Certificate) of the Employer which is a pre-requisite to submit a fresh OLRE application.

Employees' Provident Fund Organ (A statutory body under Ministry of Labour and Employment		EMPLOYER E-SEWA
EMPLOYER REGISTRATION / LOG	IN FOR ONLINE REGISTRATION OF ESTABLI	SHMENTS
WELCOME EMPLOYERS	LOGIN	
Dear Employers !! The Proprietorship Firms that have applied/or want to apply for PF code number online. Owners deallas as per their full name (First name, middle names and last name). In cas printed on the PAN Card (other than complete name) then there is a chance of rejection database and name as per card. In case of rejection of application due to mismatch ple application submitted online to oire@epfindia.govin for guidance. REGISTER >>	te they have chosen a different name to be due to mismatch in the name as per PAN PASSWORD	D
Attention Dear Employers! Establishments that are already having a code number but wants a separate code nun convenience shall first submit Form 5A' using the <u>EPFO E-Sewa portal</u> login and get been received, they can apply using the 'Apply for Branch Code' link in the same portal separate PF Code number)	the PAN verified. After 'PAN verified' SMS has	

On selecting the Register Button, the following Screen will open. Enter the Details as required in the Form. The Items with Red Star are mandatory.



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	Employees' Provident F (A statutory body under Ministry of Labou			EMPLOYER	R E-SEV	(
		EMPLOYER REGISTRATION			Ho	ome	
		Employer Registration Form					
		* Marked Fields are Mandatory.				- 1	
		EMPLOYER'S DETAILS				- 1	
	FIRST NAME	* KAVITA	D			- 1	
	MIDDLE NAME	Ξ	\bigcirc				
	LAST NAME	SHARMA	1			- 1	
	GENDER	FEMALE V				- 1	
	FATHER'S NAME	ONKAR NATH SHARMA				- 1	
	DATE OF BIRTH	01-10-1973				- 1	
	EMPLOYER PAN	AQRPS5955M ① Your PAN will be verified against the name at the time o able to apply for a code number through this User Regi		only on it being successful yo	ou will be		
	ADDRESS 1	+ H-1369, KESHAVPURAM	D			- 1	
	ADDRESS 2	AWAS VIKAS 1, KALYANPUR	D			- 1	
	CITY	* KANPUR	\bigcirc			- 1	
	STATE	UTTAR PRADESH 🔽 District [*] KANPUR	l NAGAR				
	COUNTRY	Y INDIA					*

1. First Name: Enter the First name (mandatory), Middle Name and Last Name. The name should be entered exactly as furnished to Income Tax Department. Even a slight variance with an extra space etc. will result in rejection as the data is verified online. The name as per Income Tax department may be verified in the following link.

https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html

- The Employer PAN: On entering the PAN of the Employer, a message stating Employer PAN Available will appear, which indicate the Employer is not already registered in this portal. PAN will be verified later with the name and online application will be permitted only on successful verification.
- 3. Username: You can select username of your choice. On entering the same the system will show a message that username is available or not. You may show the mouse pointer on the thumbnail (Question Mark Sign) next to the text box, to show the format / validations.



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	STATE*	UTTAR PRADESH V District [®] KANPUR NAGAR V					^
	COUNTRY						
	PINCODE*	208017					
	MOBILE NO*	8588866468				- 8	
	E-MAIL ID *	harsh.kaushik2006@gmail.com					
	USERNAME*	kavitasharma D Check availability Username Available					
	PASSWORD *	••••••					
	QUESTION HINT *	What is your favorite color?					
	HINT ANSWER *	blue					
	PHAP						
		PIN sent to your mobile. If PIN is not receive GET PIN PIN has been sent to you	nber.	s, please verify	/our		
		DECLARATION:					
	I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOV IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF &	E IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY W MP ACT 1952 AND THE SCHEME PROVISIONS.	RONG INFORMA	TION MAY RESU	JLT		
	✓ I Agree to the above Declaration						
	Enter Authorization PIN received on your mobile	and press the Submit button to finally submit the form 6695 Submit					

- 4. Select the Question Hint of your choice and enter your hint answer. This will help you later, at the time of forget password situations. With this the filling of Employer registration form is complete. Enter the Characters shown in the image (CAPTCHA) and Click the GET PIN button.
- 5. You will get a PIN on your mobile number. Enter the PIN in the box, select the check box for 'I Agree' and submit the application.
- 6. An e-mail link will also be sent simultaneously to the given email-id, which is to be activated to enable submission of Application for Online Registration of Establishment.



7. You have successfully completed the Employer registration and will get the following screen.

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	mployees' Provident Fund Organisation, India statutory body under Ministry of Labour and Employment, Government of India)	EMPLOYER E-SEWA
	EMPLOYER E-SEWA	
	Thank You for registration. You can now login to OLRE portal and register your digital signature. After DSC registration you can apply for code. Please <u>Click here</u> to logir	n.
	© 2015. This Portal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera brov	wsers.



INSTRUCTIONS FOR DSC REGISTRATION

Once the Employer Registration is successfully completed and the username and password has been obtained, it is mandatory to register the DSC (Digital Signature) of the Employer. Let us see the step by step procedure of DSC registration in this document.

- 1. Open Employer Registration Home Page from the EPFO official Website.
- 2. Enter your username and password.

Employees' Provident Fund			EMPLOYE	RE-SEW
(A statutory body under Ministry of Labour and E	imployment, Government of India)			
EMPLOYER REGISTRATION	N / LOGIN FOR ONLINE REGISTRATI	ON OF ESTABLISHMEN	NTS	
WELCOME EMPLOYERS		LOGIN		
Dear Employers !!		USER NAME		
The Proprietorship Firms that have applied/or want to apply for PF code num		kavitasharma		
Owners details as per their full name (First name, middle names and last n printed on the PAN Card (other than complete name) then there is a chance	of rejection due to mismatch in the name as per PAN	PASSWORD	_	
database and name as per card. In case of rejection of application due to mismatch please mail scanned copy of PAN and th application submitted online to olre@epfindia.gov.in for guidance.		••••••		
		Sign In		
REGISTER :	>>>	Forgot password ?		
Attention Dear Employers!		INSTRUCTIONS		
Establishments that are already having a code number but wants a separ	rate code number for a Branch Unit for the administrative	Content awaited		
convenience shall first submit 'Form 5A' using the EPFO E-Sewa portal to been received, they can apply using the 'Apply for Branch Code' link in the	ogin and get the PAN verified. After 'PAN verified' SMS has			
separate PF Code number)				

3. In the page that is opened, select the Second Tab, DIGITAL CERTIFICATE.

Ore.epfoservices.in/olrenew/employer_home.php	⊽ C] [Q, Search	☆ 自 ♥ ♣ ♠ ♥ ♥ ■ 〓
	Fund Organisation, India ur and Employment, Government of India)	EMPLOYER E-SEWA
🔏 HOME 📑 DIGITAL CERTIFICATE 🌺 PROFILE 🛔	APPLY FOR CODE 📕 PDF REPORT 🙀 SETTING 🍲 LOGOUT	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING
VIEW CE Register Certificate	EPFO E-Sewa Portal Online Registration of Establishments.	
© 2015. This P	rtal can be best viewed in IE (7.0 and above), Firefox, Chrome and Opera browsers.	

olre.epfoservices.in/olrenew/employer_register_dsc.php



- 4. Select the option, REGISTER CERTIFICATE.
- 5. The System prompts for Details of Employer

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A HOME 📑 DIGITAL CERTIFICATE	PROFILE 🐹 APPLY FOR CODE 🚽 PDF REPI	ORT 🧟 SETTING 👍 LOGOUT	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING	
	Register Digital Signa	ture Certificate		
	Enter Employe You have logged in from IP Add			
	Employer Name (Please enter name exactly as per Digital Certificate Mobile Number	.)		
	NEXT			
	© 2015. This Portal can be best viewed in IE (7.0 and al	bove), Firefox, Chrome and Opera browsers.		~

- 6. The Name of the Employer and the Mobile Number will be auto populated from the Employer registration data. The Name is editable and mobile number is non editable. In case the name entered in Digital Signature Certificate is different, please edit it as per the same. Now, select NEXT.
- 7. Select the Type of the Digital Certificate, as per your DSC available with you.

under Ministry of Labour and Employment, Government of India)	
e 🌋 profile 😹 apply for code 🚽 pdf report 🔯 setting	LOGOUT WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING
Register Digital Signature Certificate	
	Instructions
Select type of Digital Signature Certificate	 To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required
Sign with .PFX D Sign with Your USB token D	 To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button.
	 The following details of your Digital Signature certificate will be validated -
SUBMIT	Validity, Root signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.
	E Select type of Digital Signature Certificate



8. On selecting the USB token the button, a pop-up will appear as shown below. Click on Run.

(A statutory body under Minist	Security Warning ×	ENDI OXEDI E CEMV
	<section-header> by a provide the true that supplications? A provide the true that supplications of the true true that supplications of the true true true true true true true tru</section-header>	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING Istructions To successfully upload Digital Signature Certificate (DSC), Java Runime Environment 1.7 or higher version is required To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button. The following details of your Digital Signature certificate will be validated - Validity, Rotsigning automity should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.

9. Select Your USB TOKEN Certificate appears. Click on it to get the following DSC details pop-up. Ensure your DSC USB Token has been inserted in the USB port properly.

Ŵ	(A statutory body un	Employees' Provident Fund Organisation, India (A statutory body under Ministry of Labour and Employment, Government of India)				EMPLOYER E-SEWA		
🔬 номе	DIGITAL CERTIFICATE	🎊 PROFILE	APPLY FOR CODE		😧 SETTING	懀 LOGOUT	WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING	
			Register	Digital Signatur	e Certificate			
							Instructions	
		Select type of Digital Signature Certificate				 To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required 		
			○ Sign with .PFX ● Sign with Your U	D SB token			 To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button. 	
			Select Your USB T	SB TOKEN Certificate			 The following details of your Digital Signature certificate will be validated - 	
			SUBN	ИIT			Validity, Root signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.	

Pl. Note: The same Digital Signature once registered with any user, will not be permitted with any other user.

10. Select this Certificate, in the following screen.



		Fund Organisation, India	EMPLOYER E-SEWA
A HOME 📑 DIGITAL CERTIFICATE	🌺 PROFILE 🛔	Select your USB Token Digital Certificate	UT WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING
	Sele ((Issued to CN=V Ranganath, ST=Delhi, OID 2.5.4.17=110066, OU='EPFO,CI Issued by: CN=(n)Code Solutions CA 2014, OID 2.5.4.51='301, GNFC Infoto Valid From: Sal Jul 04 14.38.43 IST 2015 Valid Till: Tue Jul 04 02:10:25 IST 2017 Select this certificate	Instructions • To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required • To successfully upload your Digital Signature Certificate (DSC), click Run/Accept button. • The following details of your Digital Signature certificate will be validated - Validity. Root signing authority should be CCA India, and Name that you have provided on the previous page should exacty match with the name provided unside DSC.

11. Enter your PIN details of the DSC and press OK.

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	" Provident Fund Organisa under Ministry of Labour and Employment, Gover		EMPLOYER E-SEWA	^
			OGOUT WELCOME: KAVITASHARMA OWNER PAN SATAUS: PENDING	
	Sele	or more information OK Cancel	Instructions • To successfully upload Digital Signature Certificate (DSC), Java Runtime Environment 1.7 or higher version is required • To successfully upload your Digital Signature Certificate (DSC), click Run/Accept button.	
	SUBMIT	Leruncate	 The following details of your Digital Signature certificate will be validated - Validity, Root signing authority should be CCA india, and Name that you have provided on the previous page should exactly match with the name provided inside DSC. 	
	© 2015. This Portal can be best viewed in IE	(7.0 and above), Firefox, Chrome and Op	era browsers.	v

- 12. The message, Certificate selected successfully appears, click OK.
- 13. The View Digital Signature Screen appears, with the details of Active DSC registered with a Successfully Registered message.



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🔬 номе 📑	DIGITAL CERTIFICATE	PROFILE	APPLY FOR CODE		SETTING				AVITASI ATAUS: V		
			v	/iew Digital Signat	ures						
	Active DSC	You have suc	cessfully registered	Digital Signature	Certificate.						
	Sr No		Employer Details		1	Date of Registration	Status				
	1	Name: Designation: Mobile number: Valid From: Valid To;	V RANGAN 85888664 04-07-201 04-07-201	68 5		23-11-2015 17:03	Active				
							I				
		© 2015. Th	is Portal can be best viewe	d in IE (7.0 and above),	Firefox, Chrome	e and Opera browsers.					

14. Now you are ready to go ahead with Apply for Code, by selecting the Fill Application Form Option.

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	t Fund Organisation, India abour and Employment, Government of India)	EMPLOYER E-SEWA
AME 💽 DIGITAL CERTIFICATE 🌋 PROFILE	APPLY FOR CODE POF REPORT SETTING LOGOUT Apply for code Apply for code Image: Comparison of the comparison	WELCOME: KAVITASHARMA OWNER PAN SATAUS: VERIFTED
© 2015. Th		5
pfoservices.in/olrenew/employer_home.php#		

Please ensure that the user (employer) who has registered, has put in his PAN and his own DSC. The applicant Employer will be responsible for correctness in the application form and for authentication of documents.

INSTRUCTIONS FOR FILLING THE OLRE FORM

BEFORE YOU FILL UP THE FORM FOR A PF CODE NUMBER, PLEASE GO THROUGH THESE INSTRUCTIONS.

ONCE YOUR APPLICATION IS SUBMITTED, YOU WILL NOT BE ABLE TO EDIT ANY DATA.

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	Digital Signature Certificate	E	nail Verification	F	Fill Application Form	Upload Documer	its N	/erify Documents	Final Submit	
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			Ар	plicatio	Employees' P F Org n for Registration Nur Marked Fields are Ma	nber of Establishm	nent			
					ESTABLISHMENT	ETAILS				
	NAME	OF THE ESTA	BLISHMENT AS PE	R PAN*	XYZ LIMITED					
	PAN NUMBER IS	SUED BY INC	COME TAX DEPART	IMENT*	AQRPS5955M					
	,	ACT APPLIES	TO MY ESTABLISH	MENT*	THE EPF AND MP ACT APP	LIES TO MY ESTABLISH	MENT	•		
			ADDF		A-703, PLOT NO-1, REGIONAL OFFICE Bhavishya Nidhi Bhawan, 2 ro.delhi.north@epfindia.go		Wazirpur Indust		IE : DELHI NORTH ᡗ	
			ADD	RESS 2				(?)		

1. The applicant should have a PAN in the name of the establishments/proprietor of the establishment for which he/she is applying.

Only in case of a Proprietorship firm, the PAN can be in the name of the **Proprietor.** In such case the name of the OWNER in the Owners' details should be exactly as per the PAN. In such case the same PAN as of the registered owner should be entered, as name of the proprietor will be auto populated in the Owner details.

 The name should be entered exactly as furnished to Income Tax Department. Even a slight variance with an extra space etc. will result in rejection as the data is verified online. The name as per Income Tax department may be verified in the following link. <u>https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html</u>



 Application should be made by the employer if the Act applies on its establishment. For this purpose you may refer to the <u>Section 1(3) (a) and 1 (3) (b)</u> of the EPF and MP Act 1952. The list of activities on which the Act applies should also be referred.

The employer of an establishment on which the Act does not apply, can also apply for a code number on voluntary basis (PI refer <u>Section 1(4)</u> of the said Act, if the majority of the employees of the establishment give their written consent for coverage from the date on which it is agreed upon or any subsequent date in the agreement. The consent cannot be from a previous date.

The employer should select the appropriate option for the applicability.

- 4. Address: The employer should have documentary address proof for the address entered. Following address proofs are accepted:
 - ✓ Any license/certificate/number issued by any Govt. authority
 - ✓ Copy of water connection in the name of the Establishment
 - ✓ Copy of bank passbook/statement
 - ✓ Copy of postpaid telephone bill of any company
 - ✓ Copy of power connection in the name of the Establishment

The application will show all the above address proof as auto selected. However the employer can de-select the ones that are not available with him/her.

In case it is de-selected it will be treated as a declaration of the employer that the deselected address proof is not available for his/her establishment.

At least one address proof is mandatory.

Note: Out of the address proofs declared, one address proof document should be uploaded as digitally signed PDF.

The address entered will be used to decide the jurisdiction of the PF office under which the establishment will fall.

If employer is selecting address proof as "copy of postpaid telephone bill of company" than employer should mention the post-paid telephone no. in telephone no. column.



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		PINCODE * 110075						í
		PHONE NO * 05122216827	FAX NO: 051222746	54				
	E-MAIL ID *	harsh.kaushik2006@gmail.com						
	WEB ADDRESS OF THE ESTABLISHMENT	www.epfindia.gov.in		e.g : http://www.xyz.	com			
L	PROOF OF ADDRESS*	□ copy of bank passbook/statement ✓ copy of post paid telephone bill of any ✓ copy of power connection in the name						н
	Proof of Abbreds	✓ copy of power connection in the name ✓ copy of water connection in the name ✓ any license/certificate/number issued	of the establishment					
	DATE OF SETUP OF ESTABLISHMENT *	22-01-2015						
	DOCU	MENTARY PROOF OF DATE OF SET	UP					
	DOCUMENT NAME*			DATE OF ISSUES OF DOCUMENT*	ISSUED E	BY, PLACE	2	
	Copy of the first Sales Invoice	v	987654321	15-02-2015	STO DELHI	[J I
	BUSIN	IESS ACTIVITY AND OWNER'S DETA	ILS					
	WHETHER THE ESTABLISHMENT IS A FACTORY*	🔾 Yes 🖲 No						
	SECTION APPLICABLE	0001(3)(b)						
۲.	DDIMADY RI ISINESS ACTIVITY *	RREAD			v			> v

- 5. Date of set up: Date of setup will be the date when the establishment was started.
- 6. Proof of date of setup: Proof of date of setup will be based on drop down menu list. The list is only indicative. In case the employer has some other proof of setup, he may select others, and enter the relevant details.

Note: Digitally signed PDF of document should be uploaded.

 IF THE ESTABLISHMENT IS A FACTORY Establishment, then employer have to provide FACTORY Details and MANAGER/OCCUPIER details in their respective fields, which will appear after selecting YES.

In case the employer is also the Manager/Occupiers of the factory, the name of the Owner may appear in both Manager/Occupier details as well as in the Owners' Details later in the application.

- 8. PRIMARY BUSINESS ACTIVITY will be selected based on drop down menu list. The list will appear based on selection of THE ESTABLISHMENT IS A FACTORY as Yes or No. In case of a Factory, the list of Schedule I Industries will appear in the drop-down, and in case of a Non-Factory Establishment, class of establishments notified will appear. It is advised that the employer should identify the activity before start filling of the form.
- 9. License Details will be based on drop down menu list.



- The employer should enter the details of all the licenses available for the establishment at the time of application.
- When any available License type is not in the drop down list, he should select OTHERS, in which case the License Type should be entered in the REMARKS field mandatorily.
- In case a License is selected as Address Proof, the check box against the said License should be selected.
- At least one license is mandatory.

Note: Out of the all licenses declared, it is mandatory to upload one license proof document as digitally signed PDF. In case, license under Sales Tax Act has been declared as proof then submission of this document as digitally signed PDF is mandatory.

10. In case any License (Registration) is under the Cooperative Societies Act, then an additional field asking whether the establishment is working with aid of Power will appear. A Cooperative Society establishment working without aid of Power should have 50 employees for coverage under section 1(3) (a) or 1(3) (b) by virtue of Section 16 (1).

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	Sales Tax Act	123456789	01-01-2015	STO DELHI	DELHI				-			
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	WHETHER ESTABLISHMENT IS COVERED UNDER	R THE ESIC ACT*	Yes 🖲 No									
			ARE DECLARING TH	HAT AS ON DATE OF A	APPLICATION, E	SI CODE NUM	BER IS NOT ALLC	DTED				
			OWNERSHIP DET	AILS								
	OWNERSHIP TYPE*		V/ DEED NO.* 😰	DATE OF REGIST			ed by, at* 😰					
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	NAME* STATUS/ DESIG* DATE BIRTI	EATHER'S NA	ME	AL ADDRESS* M	10BILE NO [*] & E	MAIL			siness	PRIMAF	Y*	•



- 11. The employer has to mention the ESIC Code number if the establishment is already having such code number. Not mentioning the Code number will be treated as a declaration that the establishment is not having such code number at the time of application.
- 12. Ownership type can be selected from the drop down menu. According to the selection, the proof of ownership type should also be entered. For the Government Departments a letter from the Head will serve as the ownership proof. In case Proprietorship Firm is selected, only one owner can be added. The name of the owner will be displayed automatically based on the employer registration done.
- 13. Under owner's details particulars of OWNER [Employer as per Section 2 (e)] and for the purpose of Form 5A should be entered. The Name of the Applicant Owner with Father's Name, Address, email-id, mobile number will be auto populated in the application from the employer registration details and will not be editable. In case Proprietorship Firm is selected as ownership type above, additional owner details cannot be added. The name of the owner should be exactly as per PAN in case the PAN furnished is in name of the owner. In case of other types of ownership, more than one owner's details can be entered. In such case Employer have to tick mark as **PRIMARY** that employer who is incharge of the PF Matters. The employer should also select the mobile number on which the SMS is to be received. The DIN number provided to a Director as per MCA is to be entered in case of registered companies.
- 14. In-case of Establishment is on lease, the details of **LESSEE** are mandatory. This is for the purpose of Form 5A.



				PARTICU	JLARS OF OWNERS								
			DATE OF		RESIDENTIAL ADDRESS*			DATE FRO WHICH IN		hether The			
NAME*	5	TATUS/ DESIG*	BIRTH*	FATHER'S NAME	(2)	MOBILE NO* &	E-MAIL	POSITION		charge of I of Establis		PRIMAR	RY*
	MANA	CER	_				1	FUSITION	• •	JI Establis	nment		$- \ $
GENDER MALE ¥		QRPS5955M	01-10-1973	ONKAR NATH SHARM	A 702	M 8588866468		01-11-201	c .	YES	¥.		
KAVITA SHARMA		QKP33933II	01-10-1975	UNKAK NATH SHAKP	A-703	harsh.kaushik200	i@amail a	01-11-201.	2	165	•		
Vote: *The Mobile num	ber and En	ail provided again	st the Owner tick	ed as 'Primary' shall be u	used as Primary mobile num	ber and Email. Logi	to the EC	R and other	EPFO	portals ar	nd all oth	ner activit	ties
Note: *The Mobile num shall be affected using t			nst the Owner tick	ed as 'Primary' shall be u	ised as Primary mobile numl	ber and Email. Logii	to the EC	R and other	EPFO	portals aı	nd all oth	er activit	ties
shall be affected using t	he primary	contact details.		ed as 'Primary' shall be u	ised as Primary mobile numl	ber and Email. Logii	to the EC	R and other	EPFO	portals ar	nd all oth	er activit	ties
shall be affected using t	he primary	contact details.		ed as 'Primary' shall be u	ised as Primary mobile numl	ber and Email. Logir	n to the EC	R and other	EPFO	portals ar	nd all oth	ner activit	ties
shall be affected using t	he primary	contact details.		·		ber and Email. Logir	n to the EC	R and other	EPFO	portals ar	nd all oth	ner activit	ities
	he primary	contact details.		·	used as Primary mobile numl	ber and Email. Logir	n to the EC	R and other	EPFO	portals ar	nd all oth	ner activit	ities
shall be affected using t	he primary	contact details. er (only for Director	rs)	PARTIC	ULARS OF LESSEE	ber and Email. Login	n to the EC	R and other	EPFO	portals ar	nd all oth	ner activit	ities
shall be affected using t	he primary	contact details. er (only for Director	rs)	·	ULARS OF LESSEE	ber and Email. Login	n to the EC	R and other	EPFO	portals aı	nd all oth	er activit	ities
shall be affected using t	he primary	contact details. er (only for Director	rs)	PARTIC	ULARS OF LESSEE	ber and Email. Login	n to the EC	R and other	EPFO	portals ai	nd all oth	er activit	ities
shall be affected using t	he primary	contact details. er (only for Director	rs)	PARTIC	ULARS OF LESSEE	ber and Email. Login	n to the EC	R and other	EPFO	portals ar	nd all oth	əer activit	ities
shall be affected using t	he primary	contact details. er (only for Director WHETHER THE	rs) Establishmen	PARTIC	ULARS OF LESSEE	ber and Email. Logir	n to the EC	R and other	EPFO	portals ar	nd all otf	aer activit	ities
shall be affected using t	he primary	contact details. r (only for Director WHETHER THE NUMBER OF EMP	rs) Establishmen	PARTIC	ULARS OF LESSEE		to the EC	R and other	EPFO	portals ar	nd all oth	aer activit	ities
shall be affected using t	he primary	contact details. er (only for Director WHETHER THE	rs) Establishmen	PARTIC	ULARS OF LESSEE		21	R and other	EPFO	portals ar	nd all oth	aer activit	ities
shall be affected using t	he primary ion Numbo	contact details. r (only for Director WHETHER THE NUMBER OF EMP	R) ESTABLISHMEN [®] PLOYEES (INCLUE	PARTIC I ON LEASE O Yes ® EMPI	ULARS OF LESSEE			R and other	EPFO	portals ar	nd all oth	ner activit	ities
shall be affected using t	he primary ion Numbo A. B.	contact details. r (only for Director WHETHER THE NUMBER OF EMP APPLICATION [®] NUMBER OF EXCI	R) ESTABLISHMEN PLOYEES (INCLUC	PARTIC I ON LEASE O Yes ® EMPI	ULARS OF LESSEE No No LOYEE DETAILS (EES) AS ON DATE OF		21		EPFO	portals ar	nd all oth	ner activit	ities

15. Employment Details: The employer should give the details of the number of employees (including the employees in its branches) as on date of application, number of excluded employees out of the total and the date on which the number exceeded 19. (In case of a Cinema Theatre, exceeded 4 or in case of a Cooperative Society, working without aid of power, exceeded 49). In case of voluntary coverage, the date of agreement and any subsequent date for coverage mentioned in the Agreement should be entered and the scanned copy of the agreement (in PDF format) is to be uploaded.

			EMPLOYEE DETA	18						
			EMPLOTEE DETA	63						
	Α.	NUMBER OF EMPLOYEES (INCLUDING APPLICATION*	EXCLUDED EMPLOYEES) AS ON [ATE OF	21					
	в.	NUMBER OF EXCLUDED EMPLOYEES			10					
	С.	DATE ON WHICH THE EMPLOYMENT ST	RENGTH EXCEED* 19		01-11-2015					
			BANK DETAILS							
IFSC CODE*		BANK NAME* 🗩	BRANCH NAME		ACCOUNT NUMBER*	AC	COUNT	TYPE	*	
SBIN0000107	i l	STATE BANK OF INDIA	KANPUR MAIN		12345678902	SAV	INGS AC	соинт	~	
+(Add Row)										
			BRANCH/ DIVISION D	ETAILS						
			BRANCH/ DIVISION D	ETAILS						
Whether the establishmen	t is havin	ig a single Unit or has several Units (Branch								
Whether the establishmen	t is havin	g a single Unit or has several Units (Branch								
Whether the establishmen	t is havin	g a single Unit or has several Units (Branch								
Whether the establishmen	t is havin	g a single Unit or has several Units (Branch		Units						
Whether the establishmen	t is havin	g a single Unit or has several Units (Branch	es) A single Unit Several Save Previ	Units	in a new window. Please ensure t	iat pop ups are i	not bloc!	ked by	your bro	wser.
Whether the establishmen	tis havin	g a single Unit or has several Units (Branch	es) A single Unit Several Save Previ	Units	in a new window. Please ensure th	at pop ups are r	not bloci	ked by	your br	wser.
Whether the establishmen	ıt is havin	ig a single Unit or has several Units (Branch	es) A single Unit Several Save Previ	Units	in a new window. Please ensure th	iat pop ups are r	not bloci	ked by	your br	wser.
Whether the establishmen	it is havin		es) A single Unit Several Save Previ	Units W preview opens up i		iat pop ups are r	not bloc	ked by	your br	wser.



16. Bank Details: At-least one **Bank Account Detail** is mandatory. If bank account has the address proof, then the check box against the bank account is to be selected. There is option to add more than one bank account. While making the entry, the IFSC should be entered correctly as given in the cheque leaf, the bank name and branch will be auto displayed. In case of non-IFSC Bank, the data should be entered.

Note: A scanned copy of cheque of one of the bank accounts declared, is required to be uploaded as a digitally signed PDF document.

17. Branch Details: This part should be filled if the establishment has branches (units). The number of employees in the branches as on date of application should be mentioned.

SAVING THE PARTIALLY FILLED APPLICATION

The employer has the option to save a partially filled form after filling the Name & address of the establishment and selection of the Option whether the Act applies or the application is for voluntary coverage.

۲			nt Fund Organi Labour and Employment, C				EMP	LOYER E-S	EWA
номе	👔 DIGITAL CERTIFIC	Cate 🌺 Profile	APPLY FOR CODE	👤 PDF REPO	ort 🙀 Setting	懀 Logout		OME: KAVITASHAI R PAN SATAUS: VI	
			FILL APPLICATION		S LIST				
S.No	Application No.	PAN	E REVIEW APPLICA		Edit Application	Upload Documents	View Documents	Final Submit	
1	6374618469	AQRPS5955M	Review Appl			-	\$	Suparr S	

An application number will be generated, which should be noted by him. The partially filled application can be reopened by selecting the "Review Application Form" from the "Apply for Code" main menu option which are available in the screen when employer is logged in. The



application number will remain the same whenever the partial form is saved and reopened after some more entries and saved again. However after 30 days of the generation of the application number the data will lapse if the application is not submitted.

SUBMISSION OF THE APPLICATION FORM

18. On completion of entering all details in the respective items, the applicant has to click the Preview Button. All validations will take place and the errors if any, will be prompted one by one. If the validation is successful, a preview page will open as shown below, where employer can check the details. (Please ensure that the POP up blocker is not on).

10.50.3.179/olre/	olrenew/preview.php?pan_no=AQRPS5955M&zref_id=1062983244	*8
		_
	APPLICATION FOR ALLOTMENT OF CODE NUMBER FOR COMPLIANCE UNDER THE EPF & MP ACT 1952	
	(APPLICATION NUMBER 1062983244)	
	PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT : AORPS5955M	
	ACT APPLIES TO MY ESTABLISHMENT : THE EPF & MP ACT 1952 APPLIES TO MY ESTABLISHMENT	
	SECTION APPLICABLE : 0001(3)(b)	
	NAME OF THE ESTABLISHMENT : XYZ LIMITED	
	ADDRESS: A-703 SECTOR 23 DWARKA	
	CITY: NEW DELHI	
	State: DELHI District: SOUTH WEST	
	PIN / AREA: 110075 Office Name: DELHI NORTH	
	REGIONAL OFFICE 28, Community Centre, Wazirpur Industrial Area, 110052	
	ro.delhi.north@epfindia.gov.in	
	REGIONAL OFFICE	
	COUNTRY: INDIA	
	PINCOPE : 110075	
	PHONE NO: 05122216827 FAX NO: 0512227464	
	E-MAIL ID: harsh.kaushik2006@gmail.com	
	WEB ADDRESS OF THE ESTABLISHMENT: www.epfindia.gov.in	
	1. copy of post paid telephone bill of any company	
	2. copy of power connection in the name of the establishment PROOF OF ADDRESS: 3. copy of water connection in the name of the establishment	
	A solution of Abbreast Story of water connected in the name in the same statement A solutionselectificate/number issued by any Contambent	
	STATE* DELHI V DISTRICT* SOUTH WEST V	
	PIN/AREA 110075	



c	C Preview Online Coverage Form - Mozilla Firefox	- • ×
•	C 10.50.3.179/olre/olrenew/preview.php?pan_no=AQRP55955M8tref_id=1062983244	* -
٢	Note: The Mobile number and Email provided against the Primary Row shall be used as Primary mobile number and Email. Login to the system, all other activities si primary contact.	shall be affected using the
Ш	PARTICULARS OF LEASEE	
H	Whether the Establishment on Lease: No	
Ы	EMPLOYEE DETAILS	
	NUMBER OF EMPLOYEES AS ON DATE OF APPLICATION : 21 NUMBER OF EXCLUDED EMPLOYEES :10 DATE ON WHICH the EMPLOYMENT STRENGTH CROSSED 19 : 2015-11-01	
	BANK DETAILS	
	IFS CODE BANK NAME BRANCH NAME ACCOUNT NUMBER ACCOUNT TYPE MA	ARKED AS ADDRESS PROOF
	SBIN0000107 STATE BANK OF INDIA KANPUR MAIN 12345678902 SAVINGS ACCOUNT	NO
	BRANCH DETAILS Whether the establishment is having a single Unit or has several Units (Branches): single Unit Close print	
		v
	STATE* DELHI V DISTRICT* SOUTH WEST V	
	PIN / AREA 110075	v

19. It is advised that the application is printed before submission using the print button provided in the preview form and the data entered is verified against the actual documents to avoid any error. Editing is permitted only till the application is submitted. On confirming the contents are correct in the preview, select SAVE button.

				EMPLOYEE DETAILS									
	Α.	NUMBER OF EMPLOYEES (INCLUD APPLICATION*	ING EX	CLUDED EMPLOYEES) AS ON DATE OF		21							
	В.	NUMBER OF EXCLUDED EMPLOYE	ES			10							
	с.	DATE ON WHICH THE EMPLOYMEN	IT STRE	NGTH EXCEED* 19		2015-11-01							
				BANK DETAILS									
IFSC CODE*		BANK NAME* 🗭		BRANCH NAME*		ACCOUNT NUMBER*		AC	COUN		E*		
SBIN0000107		STATE BANK OF INDIA	1	KANPUR MAIN		12345678902		SAV	INGS AC	COUN	TV		-
/hether the establishme	ıt is havin	ng a single Unit or has several Units (Br.	anches)	BRANCH/ DIVISION DETAILS A single Unit O Several Units									
/hether the establishme	ıt is havin	ng a single Unit or has several Units (Br	anches)	A single Unit Several Units Save Preview	ens up in	a new window. Please ensure tha	pop up	s are r	not bloc	ked b	y your	brows	er
/hether the establishme	nt is havin	ng a single Unit or has several Units (Br	anches)	A single Unit Several Units Save Preview	ens up in	a new window. Please ensure tha	pop up	s are r	not bloc	ked b	y your	brows	er

UPLOAD OF RELEVANT DOCUMENTS SIGNED WITH DSC

20. On selecting the SAVE button, the UPLOAD DOCUMENTS page opens as given below. In case you have selected the SAVE button, for partial save of the form, you may reopen the



same from the "Review Application Form" in the "Apply for Code" main menu option in the Home page.

				overnment of India			
OME	DIGITAL CERTIFICATE	🌺 PROFILE	APPLY FOR CODE	📕 FORM 5A / 2A	SETTING	懀 LOGOUT	
			You have success	fully saved you	r application f	orm.	
				UPLOAD DOCU	MENTS		Back
		You ar	e uploading documents fo	r Application No 1	062983244 and Pa	an -AQRPS5955M	
			SCANNED COPY OF PAN	Browse No	île selected.	D	
			PROOF OF ADDRESS.	Browse No	île selected.	\mathfrak{D}	
			DATE OF SETUP:	Browse No	île selected.	1	
			LICENSES:	Browse No	île selected.	1	
			CHEQUE SCANNED IMAGE.	Browse No	île selected.	\mathfrak{D}	
			SPECIMEN SIGNATURE FILE	Browse No	ile selected.	D	

- 21. Select the Browse button for relevant documents to upload, which are already kept ready duly authorized with the Registered Digital Signature (DSC). Refer the document on How to digitally sign a PDF document, provided separately.
- 22. On selecting the digitally signed documents select UPLOAD button. The Digital Signature on the PDF documents will be verified with the Registered DSC of the Applicant Owner.

				overnment of					
HOME	IIGITAL CERTIFICATE	🎊 PROFILE	APPLY FOR CODE	📕 FORM 5A	/ 2A 🙀 SETTIN	IG 👉 LOC	GOUT		
			You have success	fully saved	your application	on form.			
				UPLOAD E	OCUMENTS				Back
		You are	e uploading documents fo	or Application	No 1062983244 ar	nd Pan -AQRPS	55955M		
			SCANNED COPY OF PAN	* Browse	GPF Advance_sign	n_by_tkv.pdf 🕻	Signature Verified		
			PROOF OF ADDRESS:	* Browse	tk_sign.pdf	2	Signature Verified		
			DATE OF SETUP:	* Browse	tk_sign.pdf	2	Signature Verified		
			LICENSES:	* Browse	GPF Advance_sign	n_by_tkv.pdf 🕻	Signature Verified		
			CHEQUE SCANNED IMAGE:	* Browse	GPF Advance_sign	n_by_tkv.pdf	Signature Verified		
			SPECIMEN SIGNATURE FILE	* Browse	GPE Advance sig	h by tky ndf	Signature Verified		



23. The list of Uploaded documents are shown.

HOME		SETTING 合 LOGOUT	WELCOME: KAVITAKAUS
	You have successfully uploaded do		Back
	You have uploaded documents for Application No 106298		Dack
Total U	pload Documents :5		
S.No.	Documents Name	File Name	Uploaded Date
1	PAN	AQRPS5955M_pan.pdf	2015-11-12 17:03:19
2	Date of Setup	AQRPS5955M_dosetup.pdf	2015-11-12 17:03:19
3	Bank	AQRPS5955M_cheque_scan1.pdf	2015-11-12 17:03:19
4	Proof of Address	AQRPS5955M_address1.pdf	2015-11-12 17:03:19
		AQRPS5955M licenses1.pdf	2015-11-12 17:03:19

The message, You have successfully uploaded documents, appears on the screen.

24. Now, select the check box for, '*I agree that the above uploaded documents are verified at our end*' and press the Submit button, as given below.

IOME	TIZ DIGITAL CERTIFICATE 🛛 🛔 PROFILE 🔬 A	APPLY FOR CODE	📕 FORM 5A / 2A	SETTING	懀 LOGOUT	WELCOME:	KAVITAKAUS
		You have suc	cessfully uploade	ed document	5.		
		LIST OF	UPLOADED DOCU	MENTS			Back
	You have uplo	aded documents f	or Application No 1	062983244 and F	an -AQRP\$5955M		
Total L	Ipload Documents :5						
S.No.	Documents Name			File Nan	ie	Uploaded Date	
1	PAN			AQRPS5	955M_pan.pdf	2015-11-12 17:03	:19
2	Date of Setup			AQRPS5	955M_dosetup.pdf	2015-11-12 17:03	:19
3	Bank			AQRPS5	955M_cheque_scan1.pdf	2015-11-12 17:03	:19
	Proof of Address			AQRPS5	955M_address1.pdf	2015-11-12 17:03	:19
4	1 Iour of Audress						



The Final Review of application shown as below,

0	🕐 🕫 10.503.179/olre/olrenew/application_final_submit.php?parentId=NTEyNDY=&vef_id=MTA2Mjk4Mzl0NA==&pan_no=QVFSUFN 🔻 🕑 🤇 Search 🔤 🛡	↓ ^ g) 🤗 🖛 🗄	=
				^
	🔏 HOME 📷 DIGITAL CERTIFICATE 🎎 PROFILE 🔜 APPLY FOR CODE 🎍 FORM 5A / 2A 🐼 SETTING 🍲 LOGOUT 🛛 🛛 🛛 WELCO		AKAUSHIK	ŀ
	Final Review of your application. Please complete the form below.		_	
	APPLICATION FOR ALLOTMENT OF CODE NUMBER FOR COMPLIANCE UNDER THE EPF & MP ACT 1952			
	(APPLICATION NUMBER 1062983244)			
	PAN NUMBER ISSUED BY INCOME TAX DEPARTMENT : AQRPS5955M		- 1	ľ
	ACTAPPED TO INTESTADLISTICTUSE OF ANY ACTION			
	NAME OF THE ESTABLISHMENT : VYZ LIMITED			
	ADDRESS : A-703 SECTOR 23 DWARKA			
	CITY: NEW DELHI			
	State: DELHI District: SOUTH WEST			
	PIN / AREA : 110075 Office Name : DELHI NORTH REGIONAL OFFICE 28, Community Centre, Wazirpur Industrial Area, 110052 ro delhi.north@epfindia.gov.in REGIONAL OFFICE			
	COUNTRY : INDIA			
	PINCODE : 110075			
	PHONE NO: 051222216827 FAX NO: 0512227464			
	E-MAIL ID : harsh.kaushik2006@gmail.com			
	WEB ADDRESS OF THE ESTABLISHMENT : www.epfindia.gov.in			
	1. copy of post paid telephone bill of any company 2. copy of power connection in the name of the establishment			

DATE	PROOF OF ADDRESS: 3.	opy of water connection in ny license/certificate/numb	the name of the establishmen	t					
	DOCUMENT	ARY PROOF OF DATE O	DF SET UP						
DOCUMENT NAME	REFERENCE NUM	BER DATE OF ISS	SUES OF DOCUMENT	IS	SSUED BY, PLACE				
Copy of the first Sales Invoic	e 987654321	2	2015-02-15		STO DELHI				
WHETHER THE	ESTABLISHMENT IS A FACTORY : No PRIMARY BUSINESS ACTIVITY : BRE	AD							
	PRIMARY BUSINESS ACTIVITY : BRE	SUED BY VARIOUS AU		ISSUED AT	T PLACE	R	REMARKS	1	
TYPE Sales Tax Act	PRIMARY BUSINESS ACTIVITY : BRE		ВҮ	ISSUED AT		R	REMARKS	5	
TYPE Sales Tax Act	PRIMARY BUSINESS ACTIVITY : BRE	SUED BY VARIOUS AU	ВҮ			R	REMARKS	3	
TYPE Sales Tax Act	PRIMARY BUSINESS ACTIVITY : BRE LICENSES IS NUMBER DATE 123456789 2015-01-01	SUED BY VARIOUS AU ISSUED E STO DEL	ВҮ	DEL			REMARKS		
TYPE Sales Tax Act IN CASE ESTABLISHMENT IS	PRIMARY BUSINESS ACTIVITY : BRE LICENSES IS NUMBER DATE 123456789 2015-01-01 COVERED UNDER THE ESIC ACT : No	OWNER'S DETAILS	BY	DEL	H	BY,AT	REMARKS	5	



								DAT	TE FROM		
SL NO	NAME	STATUS/ DESIG	DATE OF BIRTH	FATHER'S NAME	RESIDENTIAL ADDRESS	MOBILE NO	E-MAIL	w		Primary	Incharge
1	GENDER MALE KAVITA SHARM	MANAGER PAN AQRPS5955M DIN	1973-10-01	ONKAR NATH SHARMA	A-703	8588866468	harsh.kaushik2006@gn	nail.com 20	15-11-01	YES	YES
prim	ary contact.										
				_							
				P.	ARTICULARS OF L	EASEE					
Whe	other the Establish	ment on Lease : No		P.	ARTICULARS OF L	EASEE					
Whe	other the Establish	ment on Lease : No		P	ARTICULARS OF I	EASEE					
Whe	other the Establish	menton Lease : No		Ρ	EMPLOYEE DET						
Whe		ment on Lease : No	AS ON DATE OF			ILS]	
Whe	NU	IBER OF EMPLOYEES A	PLOYEES	F APPLICATION	EMPLOYEE DET/	ILS					
Whe	NU	IBER OF EMPLOYEES A	PLOYEES	F APPLICATION	EMPLOYEE DET/	ILS				-	
Whe	NU	IBER OF EMPLOYEES A	PLOYEES	F APPLICATION	EMPLOYEE DET/	ILS 1 0 015-11-01				-	
Whe	NU	IBER OF EMPLOYEES A	PLOYEES YMENT STREN	F APPLICATION	EMPLOYEE DET/ : 1 19 : 2	ILS 1 0 015-11-01 S	NT NUMBER ACCC	UNT TYPE	MARKED) AS ADE PROOF	DRESS

IFS CODE BANK NAME BRANCH NAME ACCOUNT NUMBER ACCOUNT TYPE MARKED AS ADDRESS PROOF 110069 STATE BANK OF INDIA LAXMINAGAR 3202136569 CURRENT YES BRANCH DETAILS BRANCH DETAILS Whether the establishment is having a single Unit or has several Units (Branches): single Unit GET PIN Click the button to get Authorization PIN SMS on your Mobile. Please note that the PIN SMS shall be sent to the mobile number of owner ticked as primary in the section Particulars of Owners. DECLARATION: I. HEREEY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE EPS OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY WRONG INFORMATION MAY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS. Inter Authorization PIN received on your woolide and press the Submit Mobile PIN SUBME THE PROVISIONS OF THE EPS & MP ACT 1952 AND THAT FURNISHING OF ANY WRONG INFORMATION PIN received on your mobile and press the Submit Mobile PIN Submit Note: Please ensure that pop ups are not blocked by button to finally submit the form.	1			BANK DETAILS					
TODB9 STATE BANK OF INDIA LOUINAGAR 3202136589 ACCOUNT YES BRANCH DETAILS Whether the establishment is having a single Unit or has several Units (Branches): single Unit GET PIN Click the button to get Authorization PIN SMS on your Mobile. Please note that the PIN SMARE DETAILS CET PIN Click the button to get Authorization PIN SMS on your Mobile. Please note that the PIN SMARE DETAILS DECLARATION: LECLARATION: LECLARATION: IL HEREEN DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE EPS TO MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY WRONG INFORMATION MARY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS. INFORMATION PIN received on your mobile and press the Submit Note: Please ensure that pop ups are not blocked by		IFS CODE	BANK NAME	BRANCH NAME	ACCOUNT NUMBER		MARKED AS ADD	RESS PROOF	- 12
Whether the establishment is having a single Unit or has several Units (Branches) : single Unit GHMYBS mage Please type the characters shown in the image. GET FIN Click the button to get Authorization PIN SMS on your Mobile. Please note that the PIN SMS shall be sent to the mobile number of owner ticked as primary in the section Particulars of Owners. DECLARATION: I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY WRONG INFORMATION MAY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS. I Agree to the above Declaration Enter Authorization PIN received on your mobile and press the Submit Content of Content on Statement of Content on Submit Con		110069	STATE BANK OF INDIA	LAXMINAGAR	3202136589		YES		
I, HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FURNISHING OF ANY WRONG INFORMATION MAY RESULT IN ACTION AGAINST ME AS PER THE PROVISIONS OF THE EPF & MP ACT 1952 AND THE SCHEME PROVISIONS.		Whether the establishment		IVBS mage Flease type the GET PIN Click the bu SINS shall be sent to the	tton to get Authorization PIN	SMS on your Mobile.			
I Agree to the above Declaration Enter Authorization PIN received on your mobile and press the Submit Instance Company Note: Please ensure that pop ups are not blocked by				ABOVE IS TRUE TO THE BEST OF MY			SHING OF ANY WR	ONG	
Enter Authorization PIN received on your mobile and press the Submit state non extreme Note: Please ensure that pop ups are not blocked by				THE PROVISIONS OF THE EPF & MP #	CT 1952 AND THE SCHEME	PROVISIONS.			
		_							11
jour storest.							p ups are not blocke	ed by	. 8

25. If the employer is satisfied that the entered data is correct, he should enter the CAPTCHA code and click the get PIN button.

The PIN will be sent on the mobile number of the Applicant Owner.

26. Tick the declaration regarding the correctness of the data and enter the PIN received on his mobile number and select 'Submit' button.



27. The following confirmation message on the EPFO field office details according to the address entered and documentary proof selected will be listed. Select OK.

3.179/olre/olrenew/application_fit	ial_submit.php?parentId=NTEyNDY=&ref_id	-initiality and a second s					ŀ ∧	
SBIN0000107	STATE BANK OF INDIA	KANPUR MAIN	12345678902	SAVINGS ACCOUNT		NO	G	
Whether the establsihmen	on which post PAN verification, the estab	nment You have entered the following State: Jilshment will be under the jurisdiction of Re zirpur Industrial Area, 110052 <br-ro.delhi.no< td=""><td>gional/Sub Regional Office: RE</td><td>GIONAL</td><td></td><td></td><td></td><td></td></br-ro.delhi.no<>	gional/Sub Regional Office: RE	GIONAL				
	For the given address you have me	name of the establishment.		ied at the time of	v	erify your m	obile	
I, HEREBY DECLARE	– any license/certificate/number iss	sued by any Govt. authority. he code number the Office under which you h	have to comply will not change.	OK Cancel	_	ANY WRO	ING	
Enter Authorizat	tion PIN received on your mobile & email a Submit button to finally sub		Submit Note: PI your bro	ease ensure that pop u wser.	ips are no	ot blocked t	y	
3.179/olre/olrenew/application_fit		e best viewed in TE (7.0 and above), Fi eMTA2Mjk4Mzl0NA==&pan_no=QVFSUFA KANPUR MAIN		SAVINGS	☆ 6		⊧ A	ø
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28. Then click on OK, the application will be submitted with message on successful submission. A PDF file will be made available for download for future reference.



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POST SUBMISSION ACTIVITIES

No Document has to be submitted physically by the owner to the PF office. The user-id and password will be intimated to the applicant owner in his owner login and also through SMS to his mobile number.

He can login to ECR portal and create his permanent user-id and password of his choice for starting remittance thorough ECR upload.

Note: A separate ECR login is provided so that the Owner need not himself the remittance and can get it delegated to any authorised person to do the routine activities.



PAN Error:

If the employer had made an error in correctly entering the PAN or the name, he should again follow the process to apply.

Note: In case any wrong document / data was uploaded / entered in the application, the applicant owner will be responsible for the same and action will be taken as per the provisions of the Act.

The applicant owner as well as other owners declared in the owners' details will be responsible for any default under the Act / Schemes.



CHECK LIST

After going through the instructions, please ensure that the following documents are ready for data entry. Then filling of the form will ensure that no data is missed or wrongly entered and you do not have to save a half filled application:

Tick	Requirements	UPLOAD Document as Digitally Signed PDF
	Scanned image of PAN for upload	PAN card Image
	All the address proof(s) of the establishment as	One address proof
	mentioned in the Instruction Sheet	
	The date of set up and the proof for such date	Setup Proof Document
	The factory license number, date, issued by and date of	
	trial production (only for factory)	
	The details of the Manager(s) with their personal	
	details (only for factory).	
	The activity in which the establishment is engaged is	
	identified from the list.	
	All license in name of establishment and their details.	One License Proof**
	In case the establishment is already covered under the	
	ESIC, the ESIC Code	
	The ownership details with proof	
	Details of the Owners(s)	
	If the establishment is already on lease, the start date	
	and the details of the lessee(s)	
	The employment details as on application date,	
	number of excluded employees and the date on which	
	the number of employees crossed 19 (or 5 or 49 as	
	applicable)	
	Scanned image of cheque(s) of the bank account (s) for upload	One Cheque out of all bank accounts declared.
	The list of branches of the establishments at different	
	locations with their address and number of employees	
	Scanned copy of Consent letter of the majority of	Copy of Consent Letter
	employees with their details and signatures. (Only in	
	case of voluntary coverage)	
	Date of agreement and any subsequent date	
	mentioned in the said agreement for voluntary	
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	Specimen Signature of Authorised Signatory	In the format Provided

** In case License under Sales Tax Act is selected, it is mandatory.

Once the application is submitted, no editing will be permitted.



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Steps for Installing Java

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Download and install Java from <u>https://www.java.com/en/download/</u>. Restart the browser after installing the Java.



Steps for Unblocking Java Application

Java Application Blocked



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In Location type the URL -> <u>http://olre.epfoservices.in/olrenew/</u> and click OK button

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Restart the browser after updating the Java settings.



Steps for Updating Java

If Java version is not updated then the following screen may appear -

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	Java Update Needed	
A HOME T DIGITAL CERTIFICATE 🦓 PROFI	I Your Java version is out of date.	WELCOME: NOMEASDEV EMPLOYER PAN SATAUS: VERIFIED
	Update (recommended) Get the latest security update from java.com.	
_	 Block Block Java content from running in this browser session. 	Instructions To successfully upload Digital Signature
	Later Continue and you will be reminded to update again later.	Certificate (DSC), Java Runtime Environment 1.7 or higher version is required
	Do not ask again until the next update is available.	 To successfully upload your Digital Signature Certificate (DSC), click Run/ Accept button.
	SUBMIT	 The following details of your Digital Signature certificate will be validated - Validity, Root signing authority should be CCA India, and Name that you have provided on the previous page should exactly match with the name provided inside DSC.
	This Boutal can be best viewed in 15 (7.8 and showa). Eirefox, Chrome and Onera brow	1:07 11/30 11/30

Click on Update for updating the Java to latest version. Restart the browser after updating the Java.