

To be submitted on company letterhead in duplicate to Regional Provident Fund Commissioner,

To,

Regional Provident Fund Commissioner,
ANNAPOORNESHWARI COMPLEX, 6TH MAIN,
SINGASANDRA HOSUR MAIN RD,

Reference: **Establishment Code Number PYBOM3126414000**

Subject: **Submission of Authorized Signatory Information with respect to INDIAN
PUBLIC FACILITY MANAGEMENT SERVICES for claim/returns related matters in
EPFO-regarding.**

Sir

The following official is hereby authorized to deal with all correspondences including attestation of claims/ returns for INDIAN PUBLIC FACILITY MANAGEMENT SERVICES in connection with EPF matters. The specimen signature of the official are placed below in the prescribed space.

1. The digital signature of the authorized signatory has been uploaded on the portal to digitally sign and forward claims/ returns to EPFO. Necessary action may kindly be taken to enable the digital signature at your end.

Sl.No.	Name of the Authorized Signatory	Designation and Mobile No	Specimen Signature	Digital Signature
1	PARASHURAM	PROPRITOR	1. _____ 2. _____ 3. _____	14/07/2027

2. I undertake that:

(a) In case of expiry of validity of digital signature of the authorized signatory, the digital signature in respect of the respective authorized signatory would be uploaded on the portal after its renewal.

(b) In case of de-authorization of the above official before expiry of the validity of digital signature, the same would be revoked from the Portal instantly and EPFO would be

Thanking You,

Yours' faithfully,

Signatures of employer with Company

For EPFO office Use

Signature of employer verified from EPFO office records

Signatures of Dealing Assistant with name
stamp

Signatures of Assistant Commissioner with
name stamp

Approved on RO/ SRO Portal

Signatures of Nodal officer with Name stamp
Date: