

EMPLOYEES' PROVIDENT FUND ORGANISATION
REGIONAL OFFICE, VADODARA
SPECIMEN SIGNATURE CARD

Code No. of the Establishment : GJ.

(All the information below to be filled in BLOCK LETTERS Only)

Name of the Establishment :

With address:

Name /Name of authorized signatory / signatories and his/their status	Specimen Signature
1	
2	
3	

Special Instructions if Any

Date: _____

Signature of Employer _____

Name of Employer _____

Rubber Stamp _____