



EMPLOYEES' PROVIDENT FUND ORGANISATION
REGIONAL OFFICE, SURAT

SPECIMAN SIGNATURE CARD

SR/SRT/

[all the information below to be filled in BLOCK LETTERS Only]

Name of the Establishment:

With address:

Name /Name of Authorized Aignatory / Signatories and his/their Status	Specimen Signature
1. Designation	
2. Designation	
3. Designation	

Special Instructions if Any

Date:_____

Signature of Employer _____

Name of Employer _____

Rubber Stamp _____