

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

To,

Regional Provident Fund Commissioner, TIRUNELVELI
Bhavishya Nidhi Bhavan,
NGO B colony, Perumalpuram, PO,
Tirunelveli, TAMIL NADU
627007

Reference: **Establishment Code Number MDTNY2615275000**
Subject: **Submission of Authorized Signatory Information with respect to EGS SECURITY AND FACILITY MANAGEMENT SERVICES PRIVATE LIMITED 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/ kyc for EGS SECURITY AND FACILITY MANAGEMENT SERVICES PRIVATE LIMITED in connection with EPF matters. The specimen signature of the official are placed below in the prescribed space.

1. The Aadhaar details of the authorized signatory has been captured on the portal to eSign and forward claims/ returns / kyc to EPFO. Necessary action may kindly be taken to enable the eSign at your end.

Sl.No.	Aadhaar	Name as per Aadhaar	Designation	Specimen Signature
1		MARY P	DIRECTOR	1. _____ 2. _____ 3. _____

2. I undertake that:

- (a) In case of de-authorization of the above official, the same would be revoked from the Portal instantly and EPFO would be informed about the same by submitting revocation request letter immediately for completion of the revocation process.
(b) The specimen signatures of the authorized signatory as above would, however, be valid for physical claims/ returns till a request for the revocation of the authorized signatory is submitted in the EPFO office.

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
Date:

Signatures of Assistant Commissioner with name stamp

Approved on RO/ SRO Portal

Signatures of Nodal officer with Name stamp
Date: