

**EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)****EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)****EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (Please refer Para 10)****(1st RETURN OF OWNERSHIP AFTER ONLINE APPLICATION FOR CODE NUMBER)**

[THIS FORM 5A HAS BEEN GENERATED BY ONLINE FILLING/ UPDATION OF FORM 5A THROUGH ECR LOGIN OF EMPLOYER. APPLICATION NUMBER IS 7065269256.]

Code Number : GJAHD0056666000

1. Name of Establishment : LIGHT MICROFINANCE PVT LTD
2. Code Number of the Establishment under EPF : GJAHD0056666000
3. Postal address of the Establishment and its branches : 15TH FLOOR, 1501, SANKALP SQUARE 3B, NR. TAJ SINDHUBHAVAN ROAD, , AHMEDABAD, AHMEDABAD, GUJARAT - 380058 [Please see Annexure I]
4. Industry or business in which : FINANCING ESTABLISHMENT
5. Date of commencement of business : 01/09/2010
6. Date of closure by previous : N/A
7. Whether run by owner or lessee : Run by Owner
8. Particulars of owners :

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. DEEPAK AMIN	20/04/1966	MANAGING DIRECTOR	ISHWARBHAI AMIN	103/104 NEELKANTH TIRTH, 6TH ROAD, CHEMBUR, MUMBAI, CHEMBUR, MUMBAI SUBURBAN MAHARASHTRA-400071	15/02/2019

9. In case on lease, particulars of : N/A

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
1	Mr. RAKESH KUMAR JHA	20/01/1976	BINOD CHANDRA JHA	H 501 SAFAL PARISAR 2 S P RING ROAD SOUTH BOPAL	01/09/2010

10. If registered under Factories Act, particulars of : N/A

11. Particulars of persons mentioned above who are incharge and responsible for conduct of

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
--------	------	---------------	--------	---------------	---------------------	---------------

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. DEEPAK AMIN	20/04/1966	MANAGING DIRECTOR	ISHWARBHAI AMIN	103/104 NEELKANTH TIRTH, 6TH ROAD, CHEMBUR, MUMBAI, CHEMBUR, MUMBAI SUBURBAN MAHARASHTRA-400071	15/02/2019

Date: _____ Signature of employer _____
Name of Employer _____
Designation of Employer _____
Seal of Establishment _____ Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.
Signature of remaining employers:

Signature _____
Name _____

ANNEXURE - I

Details of Branches of the Establishment

ANNEXURE - II

List of Branches having Separate/ Sub Code Number

ANNEXURE - III

Details of Bank Account Number

S No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	ICIC0000586	ICICI BANK LIMITED	AHMEDABAD - 100 FEET ROAD	058605003707	CURRENT	YES

Copy of cheque of the primary account number : null

SPECIMEN SIGNATURE CARD

To be submitted with all documents after the Code number is allotted through the online

FULL NAME OF THE AUTHORISED SIGNATORY _____

Name of Establishment : LIGHT MICROFINANCE PVT LTD

Address of the Establishment : TF 307, 309, 310 PINNACLE BUSINESS , PARK, CORPORATE ROAD, PRAHLADNAGAR, AHMEDABAD, AHMEDABAD, GUJARAT - 380015

Code Number of the : GJAHD0056666000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____
2. _____
3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____

Signature of employer _____

Name of Employer _____

Designation of Employer

Seal of Establishment Mobile number _____

[] Please tick if "Not Applicable" due to upload of digital signature

To be submitted separately for each Authorised Officer, if more than one.

Not to be submitted in this format if the employer after allotment of code number has uploaded digital signatures of the Authorised signatories.

In such case the letter generated from the portal after uploading the digital signature(s) to be sent.

In case of upload of digital signature, when page (6) specimen signature card is not applicable, strike this, but keep as enclosure to the form 5A.