



**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:**

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

Special Instructions if Any

Date:\_\_\_\_\_

Signature of Employer \_\_\_\_\_

Name of Employer\_\_\_\_\_

Rubber Stamp\_\_\_\_\_