FORM No 5A



EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para 10)

(Ist 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 10000320624.]

Code Number: THTHA2018692000

1. Name of Establishment

: AARTI SURFACTANTS LIMITED

2. Code Number of the Establishment under EPF

: THTHA2018692000

3. Postal address of the Establishment and

nu

: UNIT NO 202 2ND FLR UDYOG KSHETRA , CTS NO 731B MULUND GOREGOAN LINK RD, MULUND WEST, MUMBAI SUBURBAN.

Date: 29-May-2025

its branches

MAHARASHTRA - 400080 HEAVY - FINE CHEMICALS

5. Date of commencement of business

19/04/2019

6. Date of closure by previous

4. Industry or business in which

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. CHANDRAKANT VALLABHAJI GOGRI	16/08/1946	DIRECTOR	VALLABHAJI GOGRI	1801 RICHMOND TOWER CLIFF AVENUE HIRANANDANI GARDEN NEAR HIRANANDANI SCHOOL POWAI MUMBAI 400076	16/06/2018
2	Mr. NIKHIL PARIMAL DESAI	19/05/1978	DIRECTOR	PARIMAL HASMUKHBHAI DESAI	A 1403 RUNWAL HEIGHTS LBS ROAD OPP NIRMAL LIFESTYLE MULUND WEST 400080	16/06/2018

9. In case on lease, particulars of

: N/A

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

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

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S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. NIKHIL PARIMAL DESAI	19/05/1978	DIRECTOR	PARIMAL HASMUKHBHAI DESAI	A 1403 RUNWAL HEIGHTS LBS ROAD OPP NIRMAL LIFESTYLE MULUND WEST 400080	16/06/2018

Date:

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

No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	SVCB000003 7	THE SHAMRAO VITHAL COOPERATIVE BANK	BHANDUP	103704180000325	CURRENT	YES

Copy of cheque of the primary account number: 103704180000325

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SVC CO-OPERATIVE
BANK LTD
By Name of the Color of the Co

108551# 400089037# 000001# 29

Application Number: 10000320624

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SPECIMEN SIGNATURE CARD

To be submitted with all documents a	after the Code number is allotted	through the online
FULL NAME OF THE AUTHORISED	SIGNATORY	
Name of Establishment : A		
Address of the Establishment : UNIT RD, MULUND WEST, MUMBAI SUB	NO 202 2ND FLR UDYOG KSHE URBAN, MAHARASHTRA - 4000	ETRA , CTS NO 731B MULUND GOREGOAN LINK
Code Number of the	: THTHA2018692000	
STATUS OF THE SIGNATORY: # E	MPLOYER / AUTHORISED SIGN	NATORY
# Strike whichever is not applicable		
	SPECIMEN SIGNATURE	1. <u>Vilchil</u> 2. <u>Nilchil</u>
		3. Nikhib
SPECIAL INSTRUCTION, IF ANY _		
SPECIMEN SIGNATURE OF Mr/Ms		00,
	Signatu	FOR AARTI SURFACTANTS LIMITE
	Nar	IIC OI LITIDIO (CI
	CVG.516	DIRECTOR / AUTHORISED SIGNATOR Designation of Employer
Seal of Establishment	16	Mobile number
[] Please tick if "Not Applicable" due to	upload of digital signature	
To be submitted separately for each A	uthorised Officer, if more than on	e.
Not to be submitted in this format if t Authorised signatories. In such case the letter generated from		ode number has uploaded digital signatures of the ital signature(s) to be sent.
In case of upload of digital signature, enclosure to the form 5A.	when page (6) specimen signal	ture card is not applicable, strike this, but keep as

Application Number: 10000320624

Code Number: THTHA2018692000

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