

VISUAL FMS LLP

Letter No: A02614572

17-02-2023

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

To,

Regional Provident Fund Commissioner,
 BHAVISHYANIDHI BHAWAN, 24 BELLILIOUS
 ROAD, 6TH FLOOR,

Reference: Establishment Code Number WBHL02858166000

Subject: Submission of Authorized Signatory Information with respect to VISUAL FMS LLP 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 for VISUAL FMS LLP in connection with EPF matters. The specimen signature of the official are placed below in the prescribed space.

1. The digital signature of the authorized signatory has been uploaded on the portal to digitally sign and forward claims/ returns to EPFO. Necessary action may kindly be taken to enable the digital signature at your end.

Sl.No.	Name of the Authorized Signatory	Designation and Mobile No	Specimen Signature	Digital Signature Valid
1	SAMIRAN MAJUMDER	PARTNER and Mobile No: 9903773807	1. <u>Samiran Majumder</u> 2. <u>Samiran Majumder</u> 3. <u>Samiran Majumder</u>	03/03/2024

2. I undertake that:
 (a) In case of expiry of validity of digital signature of the authorized signatory, the digital signature in respect of the respective authorized signatory would be uploaded on the portal after its renewal.
 (b) In case of de-authorization of the above official before expiry of the validity of digital signature, 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.

Thanking You,

Yours' faithfully,

Signatures of employer with Company

VISUAL FMS LLP



Partner

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:

TM

Registered Office :

Shivam Apartment, 38/9, Shastri Narendranath Ganguly Road,
P. O. : Santragachi, Howrah - 711104, W. B.

Corporate Office :

67, Rashtraguru Avenue, Ground Floor, Near Clive House, South Dum Dum,
Kolkata - 700 028, W. B.

E-mail: visualfms@gmail.com;

Contracts :- 907014523/ 9007002860/ 9903773807/ 9007304444





FORM No 5A

Date :25-Apr-2023

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

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

(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 10001150547.]

Code Number : WBHLO2858166000

1. Name of Establishment : VISUAL FMS LLP

2. Code Number of the Establishment under EPF Scheme : WBHLO2858166000

3. Postal address of the Establishment and its branches [Please see Annexure] : Shivam Apartment, 2nd Floor, 38/9 Shastri N N Ganguly Road, Santragachi, HAORA, WEST BENGAL - 711104

4. Industry or business in which engaged : EXPERT SERVICES

5. Date of commencement of business : 17/10/2022

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. SOMENATH ROY CHOWDHURY	01/01/1970	PARTNER	S S ROY CHOWDHURY	ARATI APARTMENT BALURIA NABAPALLY BARASAT NORTH TWENTY FOUR PARGANAS WEST BENGAL 700126	17/10/2022
2	Mr. SAMIRAN MAJUMDER	03/02/1980	PARTNER	D MAJUMDER	143/1 HOSSENPUR, MADHURDAHA KALIKAPUR KOLKATA WEST BENGAL 700107	17/10/2022
3	Mr. SOMSUBHRA GUHA	15/12/1984	PARTNER	T R GUHA	2 MUKTARAM BABU STREET BARABAZAR KOLKATA WEST BENGAL 700007	17/10/2022

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

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

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

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

Application Number : 10001150547

Code Number : WBHLO2858166000



S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SAMIRAN MAJUMDER	03/02/1980	PARTNER	D MAJUMDER	143/1 HOSSENPUR, MADHURDAHA KALIKAPUR KOLKATA WEST BENGAL 700107	17/10/2022

Date:

ANNEXURE - I
Details of Branches of the Establishment

ANNEXURE - II

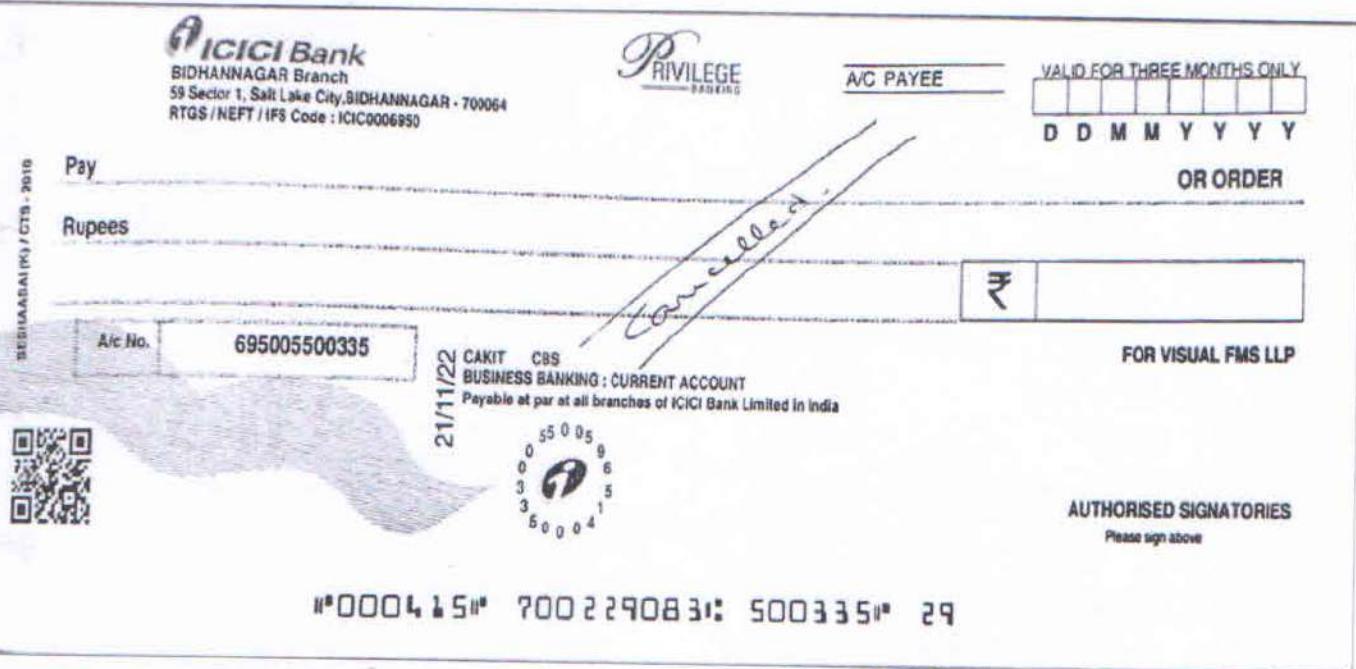
List of Branches having Separate/ Sub Code Number

ANNEXURE - III

Details of Bank Account Number

S No.	IFSC CODE	BANK NAME	BRANCH NAME	ACCOUNT NO	ACCOUNT TYPE	PRIMARY ACCOUNT
1	ICIC0006950	ICICI BANK LIMITED	KOLKATA, SALT LAKE	695005500335	CURRENT	YES

Copy of cheque of the primary account number : 695005500335



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SPECIMEN SIGNATURE CARD

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

FULL NAME OF THE AUTHORISED SIGNATORY SAMIRAN MAJUMDER

Name of Establishment : VISUAL FMS LLP

Address of the Establishment : Shivam Apartment, 2nd Floor, 38/9 Shastri N N Ganguly Road, Santragachi, HAORA, WEST BENGAL - 711104

Code Number of the : WBHLO2858166000

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

Strike whichever is not applicable

SPECIMEN SIGNATURE

- Samiran Majumder
- Samiran Majumder
- Samiran Majumder

SPECIAL INSTRUCTION, IF ANY

SPECIMEN SIGNATURE OF Mr/Ms SAMIRAN MAJUMDER ATTESTED

VISUAL FMS LLP
SHIVAM APPARTMENT
38/9, Shastri N. N. Ganguly Rd.
Howrah-711104

Signature of employer Samiran Majumder

Name of Employer SOMSUBHRA GUHA

Designation of Employer PARTNER

Mobile number 9007002860

Seal of Establishment

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.

