

*The Employees' Provident Fund Act. No. 15 of 1958*

**FORM "D"**

**PARTICULARS OF EMPLOYEES**

1. Name of establishment, estate or land			
2. Nature of Business (In the case of estates, or lands give the acreage of each cultivated crop separately)			
3. Business Registration Number			
4. Registered address			
5. Revenue district			
6. Name of Proprietor / Lessee (If a limited liability company, the names of all the directors, and if a partnership, the names of all the partners should be given.)			
(a) Address of the Proprietor / Lessee			
(b) Date of ownership of Establishment/Estate/Land			
7. Name of Manager or Superintendent			
8. Total Number of Employees who are fourteen years of age and over	Males	Females	Total
	_____	_____	_____
	_____	_____	_____
9. Total Number of Employees in covered employment	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
10. Number of Employees in employments other than covered employments	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
10. (a) Date from which one or more employees were engaged or date on which liability to contribute commenced			

