



FORM 5A – EXTRACT
(As per EPFO Direction Dated 07 October 2025)
(Issued under Para 78(3) of Employees' Provident Fund Scheme, 1952)

Establishment Details

1. Name of the Establishment: LEGAL ENTITY IDENTIFIER INDIA LIMITED
2. EPF Code Number: MHBAN1808206000
3. Date of Coverage under EPF Act: 01/10/2018
4. Nature of Business/Industry: FINANCING ESTABLISHMENT

Employer / Manager / Occupier Details

5. Name of Employer / Owner: LEGAL ENTITY IDENTIFIER INDIA LIMITED
6. Name of Manager / Occupier: DEEPAK SURJIBHAI CHANDE
7. Designation: DIRECTOR
8. Contact Number / Email: 9820803201/pmakwana@ccilindia.co.in

Address Details

9. Registered Address of Establishment:
C C I L Bhavan, S K BOLE ROAD, DADAR WEST, MUMBAI CITY, MAHARASHTRA - 400028

10. Primary Branch Address (if any):

NA

Ownership Type

- Proprietorship
- Partnership
- Private Limited Company
- Public Limited Company
- Government / PSU
- Others _____

Declaration

This establishment is registered under the **Employees' Provident Funds & Miscellaneous Provisions Act, 1952**, and complies with all applicable EPFO directions.

Date of Display: 16/10/2025

Authorized Signatory:

Contact: 9820803201

Website: www.ccilindia-lei.co.in

