FORM No 5A Date :27-Sep-2024

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

EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)

EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME1976 (Please refer Para

(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 3168172855.]

Code Number : TBTAM000034500C

1. Name of Establishment : LOTTE INDIA CORPORATION

2. Code Number of the Establishment under EPF Scheme : TBTAM000034500C

3. Postal address of the Establishment and its branches : 4/169, RAJIV GANDHI SALAI(OMR), KANDANCHAVADI BUS STOP OPP., PERUNGUDI CHENNAI, KANCHEEPURAM, TAMIL NADU - 600096 [Please see Annexure I]

4. Industry or business in which engaged : CONFECTIONERY

5. Date of commencement of business : 06/09/2004

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. MR.D G RAJAN	10/01/1941	INDEPENDENT DIRECTOR	DURAISWAMY NADAR	CHITRA NO. 110, CHAMIERS ROAD, CHENNAI 600 028	26/07/2017
2	Mr. MS. JEEHYE YOU	21/09/1980	INDEPENDENT DIRECTOR	DONGJOO YOU	23, SULTANPUR FARMS, NEW DELHI - 110074	29/03/2022
3	Mr. JUN YEON KIM	15/08/1967	DIRECTOR	MAN TAK KIM	103-1001, 37,DOKSEODANG-RO, 40-GIL, SEONGDONG-GU SEOUL, KOREA OKSU-DONG, EOULLIM	05/03/2024
4	Mr. KYUNGWOON CHO	13/10/1974	CHAIRMAN CUM EXECUTIVE DIRECTO	JUNGIL CHO	TOWER V, 3RD FLOOR, APARTMENT N0.301 NO.174, SATYADEV AVENUE, MRC NAGAR R.A.PURAM, CHENNAI - 600028. 044-45458888	08/03/2021

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
5	Mr. MR.MILAN WAHI	30/01/1964	MANAGING DIRECTOR	HIRALAL WAHI	N 1306, PURVA VENEZIA, SANDEEP UNNIKRISHNAN ROAD, YELAHANKA NEW TOWN, NEAR MOTHER DAIRY, BANGALORE NORTH, BANGALORE, KARNATAKA - 560064	12/09/2016

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

S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. MR.MILAN WAHI	30/01/1964	MANAGING DIRECTOR	HIRALAL WAHI	N 1306, PURVA VENEZIA, SANDEEP UNNIKRISHNAN ROAD, YELAHANKA NEW TOWN, NEAR MOTHER DAIRY, BANGALORE NORTH, BANGALORE, KARNATAKA - 560064	12/09/2016

Date:

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

Signature of employer at serial number of Owners details, if more than one employer.
Signature of remaining employers:

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

Signature

Name _____

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	HDFC0000004	HDFC BANK	ANNA SALAI	00040310001901	SAVING	YES

Copy of cheque of the primary account number : null

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 _____

Name of Establishment : LOTTE INDIA CORPORATION

Address of the Establishment : 4/169, RAJIV GANDHI SALAI(OMR), KANDANCHAVADI BUS STOP OPP., PERUNGUDI CHENNAI, KANCHEEPURAM, TAMIL NADU - 600096

Code Number of the : TBTAM000034500C

STATUS OF THE SIGNATORY : # EMPLOYER / AUTHORISED SIGNATORY

 # Strike whichever is not applicable

SPECIMEN SIGNATURE 1. _____

2. _____

3. _____

SPECIAL INSTRUCTION, IF ANY _____

SPECIMEN SIGNATURE OF Mr/Ms _____ ATTESTED

Signature of employer _____

Name of Employer _____

Designation of Employer _____

Seal of Establishment

Mobile number _____

[ ] 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.

Signature Not Verified

Date:2024/09/27 11:54:59 IST
Signed by:RAJESH KUMAR D