

**EMPLOYEES' PROVIDENT FUND SCHEME 1952 (Please refer Para 36A)****EMPLOYEES' PENSION SCHEME 1995 (Please refer Para)****EMPLOYEES' DEPOSIT LINKED INSURANCE SCHEME 1976 (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 6929975929.]

Code Number : PUKOL0012740000

1. Name of Establishment : KALLAPPANNA AWADE ICHALKARANJI JANATA SAHAKARI BANK LIMITED ICHALKARANJI
2. Code Number of the Establishment under EPF Scheme : PUKOL0012740000
3. Postal address of the Establishment and its branches [Please see Annexure : MAIN ROAD ICHALKARANJI, MAIN ROAD ICHALKARANJI, ICHALKARANJI, KOLHAPUR, MAHARASHTRA - 416115
4. Industry or business in which engaged : BANKS OTHER THAN NATIONALISED BANKS.
5. Date of commencement of business : 05/11/1962
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. SWAPANIL PRAKASH AWADE	13/06/1975	CHAIRMAN	PRAKASH	13 34 INDUKALA AWADE NAGAR GAONBHAG ICHALKARANJI TAL HATHKANANGLE DIST KOLHAPUR.	23/01/2023
2	Mr. SANJAYKUMAR SHESHAPPA ANIGOL	05/06/1965	VICE CHAIRMAN	SHESHAPPA	18/9/640, BHONE MAL, ICHALKARANJI.	23/01/2023

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

S.No.	Name	Date of Birth	Father's Name	Residential Address	Position Date
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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
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S. No.	Name	Date of Birth	Status	Father's Name	Residential Address	Position Date
1	Mr. SWAPANIL PRAKASH AWADE	13/06/1975	CHAIRMAN	PRAKASH	13 34 INDUKALA AWADE NAGAR GAONBHAG ICHALKARANJI TAL HATHKANANGLE DIST KOLHAPUR.	23/01/2023

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	KAIJ0000001	KALLAPPANNA AWADE ICHAL SHKRI	RTGS-HO	001099100000001	CURRENT	YES

Copy of cheque of the primary account number : 001099100000001

BRANCH : K. A. ICHALKARANJI JANATA SAH. BANK LTD., HEAD OFFICE
 ADDRESS : WARD NO 12, HOUSE 1
 MAIN ROAD, JANATA ANK BHAVAN
 P.B. NO 64
 City : ICHALKARANJI
 Pin Code : 416115 Fax :
 Phone #1 : 230 Phone #2 : 2433505
 BRANCH CODE : 1 RUN DATE : 16/08/2024
 REPORT ID : ***** REMITTANCES STATEMENT OF ACCOUNT *****

NODE : 6038

PAGE : 1

SELECTION :- Product Code : RTGSSU
 Date Range : From Date : 14/08/2024 To Date : 16/08/2024

Account : 001099100000001		IFSC Code : KAIJ0000001				
From Date : 14/08/2024 To Date : 16/08/2024		Opening Balance As On 14/08/2024 :				
Date	Particulars	Instruments	Dr Amount	Cr Amount	Total Amount	Dr/Cr
14/08/2024	INFOGIRD INFO PVT LTD JU			42,954.00	42,954.00	CR
14/08/2024	INFOGIRD INFO PVT LTD JU			42,954.00	85,908.00	CR
14/08/2024	RTGS KALLAPPANNA AWADE I			8,00,000.00	8,85,908.00	CR
14/08/2024	NEFT INFOGIRD INFORMATI		85,908.00		8,00,000.00	CR
14/08/2024	BEING FUND TR TO BR 18 K			9,00,000.00	17,00,000.00	CR
14/08/2024	RTGS K A ICHAL JANATA SA		9,00,000.00		8,00,000.00	CR
14/08/2024	RTGS KALLAPPANNA AWADE I			15,00,000.00	23,00,000.00	CR
14/08/2024	RTGS KALLAPPANNA AWADE I			24,40,000.00	47,40,000.00	CR
14/08/2024	RTGS KALLAPPANNA AWADE I			1,50,00,000.00	1,97,40,000.00	CR
14/08/2024	RTGS KALLAPPANNA AWADE I			44,00,000.00	2,41,40,000.00	CR
14/08/2024	RTGS KALLAPPANNA AWADE IC			12,00,000.00	2,53,40,000.00	CR
14/08/2024	RTGS KALLAPPANNA AWADE I			6,00,000.00	2,59,40,000.00	CR
14/08/2024	BEING FUND TR TO BR 43 I			7,00,000.00	2,66,40,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		8,00,000.00		2,58,40,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		24,40,000.00		2,34,00,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		44,00,000.00		1,90,00,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		12,00,000.00		1,78,00,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		6,00,000.00		1,72,00,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		15,00,000.00		1,57,00,000.00	CR
14/08/2024	RTGS ICHALKARANJI KALLAP			20,00,000.00	1,77,00,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		1,50,00,000.00		27,00,000.00	CR
14/08/2024	BEING FUNDS RECIVED FROM		20,00,000.00		7,00,000.00	CR
14/08/2024	RTGS K A ICHAL JANATA SA		7,00,000.00			
16/08/2024	RTGS KALLAPPANNA AWADE I			50,00,000.00	50,00,000.00	CR
16/08/2024	RTGS PUNE KALLAPPANNA AW			15,00,000.00	65,00,000.00	CR
16/08/2024	BEING FUND TR TO BR.29 S			20,00,000.00	85,00,000.00	CR
16/08/2024	RTGS K A ICHAL JANATA SA		20,00,000.00		65,00,000.00	CR
16/08/2024	BEING FUND TR TO BR 8 SB			20,00,000.00	85,00,000.00	CR
16/08/2024	RTGS K A ICHAL JANATA SA		20,00,000.00		65,00,000.00	CR
16/08/2024	NEFT SUMANGAL MARKETING		79,800.00		64,20,200.00	CR
Totals :-			3,37,05,708.00	4,01,25,908.00	64,20,200.00	CR
Closing Balance As On 16/08/2024 :-			64,20,200.00	CR		

Total #No : 30

**** END OF REPORT ****



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 : KALLAPPANNA AWADE ICHALKARANJI JANATA SAHAKARI BANK LIMITED
ICHALKARANJI

Address of the Establishment : MAIN ROAD ICHALKARANJI, MAIN ROAD ICHALKARANJI, ICHALKARANJI, KOLHAPUR,
MAHARASHTRA - 416115

Code Number of the : PUKOL0012740000

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.