FORM No 5A Date :26-Dec-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

(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 10001168334.]

Code Number : KDMAL2875819000

1. Name of Establishment : DEXTRALABS INNOVATION PRIVATE LIMITED

2. Code Number of the Establishment under EPF Scheme : KDMAL2875819000

3. Postal address of the Establishment and its branches : 302 WINGG, PLEASANT PARK, LINK ROAD, EVERSHINE NAGAR, NR COFFEE DAY,, Malad West, MUMBAI CITY, MAHARASHTRA - 400064 [Please see Annexure I]

4. Industry or business in which engaged : OTHERS

5. Date of commencement of business : 14/03/2023

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. AKSHAY ANCHALIA	25/01/1993	Director	KAMAL KUMAR ANCHALIA	CJ92, ARHAM, SECTOR2 PO SECH BHABAN	14/03/2023
2	Mr. YOGESH BHURA	16/08/1971	Director	ASHOK BHURA	30 , 1918 PRUDENTIAL TOWER CECIL	14/03/2023

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. AKSHAY ANCHALIA	25/01/1993	Director	KAMAL KUMAR ANCHALIA	CJ92, ARHAM, SECTOR2 PO SECH BHABAN	14/03/2023

Date:

Signature of employer

Name of Employer AKSHAY ANCHALIA

DEXTRALABS INNOVATION PRIVATE LIMITED

Designation of Employer DIRECTOR

Seal of Establishment

Mobile number 9830333440

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

Signature

Name YOGESH BHURA

Signature

Name YOGESH BHURA

Signature

Name YOGESH BHURA

Signature

Name

Signature

Signature

Name AKSHAY ANCHALIA

Signature

Name AKSHAY ANCHALIA

Signature

Name AKSHAY ANCHALIA

Signature

Name

DEXTRALABS INNOVATION PRIVATE LIMITED

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

Copy of cheque of the primary account number : null

DEXTRALABS INNOVATION PRIVATE LIMITED