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: **OMAX SECURITY SERVICES PRIVTAE LIMITED**
2. EPF Code Number: **UPLKO0056017000**
3. Date of Coverage under EPF Act: **03/12/2011**
4. Nature of Business/Industry: **EXPERT SERVICES (Security and Manpower Services)**

Employer / Manager / Occupier Details

5. Name of Employer / Owner: **Mr. PHARENDRA NATH SHUKLA**
6. Name of Manager / Occupier: **Mr. RAHUL TRIPATHI**
7. Designation: **HR MANAGER**
8. Contact Number / Email: **8935003910**
9. Email: **corporatehr@omaxsecurityservices.com**

Address Details

10. Registered Address of Establishment:

C-3/46, VIKAS KHNAD, NEAR SHANKAR CHAURAHA, GOMTI NAGAR, LUCKNOW (U.P.)-226010

11. Primary Branch Address (if any):

_____

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: **13-10-2025**
Authorized Signatory: _____
Contact: **8935003910**
Website: http://omaxsecurityservices.com

Note:
As per EPFO Order No. Compliance/U/P78/2022/Advocacy/55643/13174 dated 07.10.2025, **every establishment must prominently display this extract of Form 5A at the entrance of the premises or on the official website/mobile app.**