



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: **MWYN INSURANCE TECH PRIVATE LIMITED**
2. EPF Code Number: PYKRP3283363000
3. Date of Coverage under EPF Act: 21/11/2024
4. Nature of Business/Industry: Insurance

Employer / Manager / Occupier Details:

5. Name of Employer / Owner: KUNAL VARMA
6. Name of Manager / Occupier: NA
7. Designation: Director
8. Contact Number / Email: 9901325513

Address Details:

9. Registered Address of Establishment: G-406, 4th Floor - Gamma Block, Sigma Soft Tech Park Ramagondanahalli, Whitefield Post, Bangalore – 560066
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 Fund & Miscellaneous Provisions Act 1952, and complies with all applicable EPFO direction.

Date of Display: 16 Oct 2025

Authorized Signatory: KUNAL VARMA

Contact: 9901325513

Website: mwyninsurance.in

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.**