# Form –‘D’

**Employer Photo**

### (See rule 6)

**APPLICATION FOR RENEWAL OF REGISTRATION CERTIFICATE**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Previous details of establishmenta) In case of online registration1. Registration No.

(Sr.No.1 on the certificate issued online)1. Application ID No.
 |  |  |
| b) In case of manual registration RegistrationNo. |  |  |
| Date of Expiry |  |  |
|  | Period for which (in years) renewal is required(Max. upto 10 years) |  |  |
| 2 | Name of the establishment as per certificate |  |  |
| 3 | Address and situation of the Establishment |  |  |
|  | Address of Registered Office / Head office, Ifany |  |  |
| 4 | Nature of Business | :- |  |
|  | Whether establishment falls under PublicSector or Private Sector |  | Public/ Private |
|  | Note- (a) Establishment in public sector means an establishment owned or managed by(i) the Government or Department of the Government, (ii) a Government Company as defined in clause (45) of section 2 of the Companies Act, 2013 (18 of 2013), (iii) a Corporation (including co-operative society) established by or under any Central Act or State Act which is owned, controlled and managed by the Government, (iv) a Local Authority. |
| (b) Establishment in private sector means an establishment which is not an establishmentin public sector. |
| 5 | Address of the office storeroom, godown, warehouse or work place ifany other than the above address. (should be field only when office showroom etc. is not separately registered under the Act) |  |  |
| 6 | Name of the Employer. |  |  |
| 7 | Residential Address of the Employer. |  |  |
| Status/ Designation |  |  |
| Mobile No. and e-mail ID |  |  |
| Adhar Card No. (upload copy) |  |  |
| 8 | Category of Establishment (i.e. Shop /Establishment/ | :- |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Residential Hotel / Restaurant / Theatre / Other places of public amusement or entertainment and other establishment)Type of organization (i.e. Proprietor,Partnership, LLP, Company/Trust/co-operative Society/ Board) |  |  |
| 9 | Details of the Partner/ Director/ Trustee/ Board and Society Members. | :- | Name and Residential Address | Aadhar Card No. | Mobile No. and Email Id. |
|  |  |  |
| 10 | Government Resolution No. in case of board/corporation. (upload copy) | :- |  |
| 11 | In case of Company or LLP, certificate of incorporation or partnership registrationcertificate of appropriate authority (upload copy) |  |  |
| 12 | In case of Co-operative Society or Trust, the certificate of registration of appropriateauthority (upload copy) |  |  |
| 13 | Registration No. of Reserve Bank of India/Securities and Exchange Board of India/ InsuranceRegulatory and Development Authority etc. or any such registration number which is mandatory before starting such business as banking/ share/ mutual fund/ insurance/ financelending institute, etc.(upload copy) | :- |  |
| 14 | Name of the members of employer's family employed in the establishment | :- | Name of the person | Relation |
|  |  |
|  |  |
|  |  |
| Total |  |  |  |
| 15 | a) No. of the persons occupying position of management | **:-** | Men | Women |
|  |  |
| b) No. of persons engaged in confidentialcapacity |  |  |  |
| **Total** |  |  |  |
| 16 | Details of Manpower/ workers | :- | Men | Women |
| No. of Workers | :- |  |  |
| No. of apprentices under the Apprentices Act,1961 (5 of 1961) | :- |  |  |
| No. of contract labour | :- |  |  |
| No. of part time workers | :- |  |  |
| Total | :- |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 17 | Name and Residential Address of Authorized person | :- | Name ande-mail Id. | Aadhar Card No. | Mobile No. |
|  |  |  |
|  | Name and Residential Address of Manager |  | Name ande-mail Id. | Aadhar Card No. | Mobile No. |
|  |  |  |  |  |
| 18 | (A) Is the place of business conducted inowned premises? | :- | Yes / No |
| If yes, details of the owner as per agreement. | :- | Name of the owner - Address –Plot No.-Gala/ Shop No. – City Survey No.-Name of the Building/ Society - Name of the Road –Locality, District, Taluka, Village-Pin No. - |
| If the place of business is located in self owned premises documents mentioned at serialnumber (5) of Part-B of the Schedule should be uploaded alongwith the application. |
| (B) Is the place of business conducted in rentalor leased premises? |  | Yes / No |
|  | If yes, details of the lessor as per agreement. |  | Name of the lessor - Address –Plot No.-Gala/ Shop No. – City Survey No.-Name of the Building/Society - Name of the Road –Locality, District, Taluka, Village-Pin - |
|  | If the place of business is located in rented or leased premises documents mentioned at serial number (6) of Part-B of the Schedule should be uploaded alongwith the application. The employer must also upload any one of the document relating to the owner of the premises which is rented or leased as per Sr. No. 4 in Part ‘A’ of theSchedule. |
| 19 | Is the business conducted in the premises owned/rented by any member of the family/relative? | :- | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | If yes, no objection letter for doing such business in the premises of such owner shall be obtained and uploaded, alongwith documents mentioned in column No. 18. |  |  |
| 20 | Is the place of business is conducted in a flat/apartment or residential unit in a housing society? | :- | Yes/ No |
| If yes, obtain and upload a no objection certificate from the society or any such authority responsible for the maintenance of the premises, alongwith documents mentioned in column No.18. |  |  |

### 21. Self-Declaration

I/ We hereby solemnly affirm and state that the business which I/we have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I am/ we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/ We hereby declare that the information provided above is true and correct to the best of my/our personal knowledge, information and belief. I am/ We are fully aware about the consequences of giving false information. If the information is found to be false, I / We shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I/ We have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I/We shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority.

I / We submit and declare that I/We will not undertake any illegal activity or any business prohibited in law in force in India.

I / We declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I / We hereby declare that the copies attested by me are true copies of original documents. I am /We are well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I / We undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

Date:

Place: Name and Signature of Applicant