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: Aditya Birla Health Insurance Company Limited
2. EPF Code Number: MHBAN1437460000
3. Date of Coverage under EPF Act: 01st February 2016
4. Nature of Business/ industry: Insurance services

Employer / Manager / Occupier Details

5. Name of Employer / Owner: Mr. Ankesh Amin
6. Name of Manager / Occupier: Mr. Anirban Mallik
7. Designation: Head - Compensation & Benefits and HR OPS
8. Contact Number / Email: 8657880643/ abc.payrollcompliance@adityabirlacapital.com

Address Details

9. Registered Address of Establishment:
9th Floor, Tower 1 One World Center, Senapati Bapat Marg, Prabhadevi,Mumbai, Dist: Mumbai City, State: Maharashtra, Pin: 400013
10. Primary Branch Address (if any):
9th Floor, Tower 1 One World Center, Senapati Bapat Marg, Prabhadevi,Mumbai, Dist: Mumbai City, State: Maharashtra, Pin: 400013

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: 10/13/2025
Authorized Signatory: Mr. Ankesh Amin
Contact: 8657880643
Website: Website: https://www.adityabirlacapital.com/investor-relations/policies-and-code

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.