

Company Letter Head

Site Name and Address

CERTIFICATE OF COMPLIANCE

I, **Contractor Director Name**, the undersigned, resident of **Contractor Address** DIRECTOR of **ANG SECURE PVT. LTD.**(Contractor) appointed by **M/s. Principal Employer company name** having its Registered Office at **Contractor Address**, for providing services to the **M/s. Principal Employer Company Name** located at **Address** vide Agreement dated _____, do hereby confirm that to the best of my/our knowledge and information gathered from the record, as on the date of this certificate for **the Month of** _____. There is no default/ contravention committed by the Contractor during the discharge of contractual obligations and relating to the services by the Contractor under any of the acts / statutes / enactments or any rules, regulations, guidelines, orders or notifications including but not limited to laws relating to fire, Labour industrial act environment, health and safety etc., as may be applicable from time to time, non-compliance of which may entail civil and criminal liabilities against the Company/Project during the tenure of the said Contract/Agreement. That all statutory payments have been made to the workers, laborers, employees and all personnel, agencies employed by us under Agreement on time and in accordance with Applicable law(s) and there are no pending dues on this account.

I further undertake and confirm that M/s. **Contractor company Name**, on whose behalf I am acting as authorized representative shall be solely held accountable/responsible for any of the violations of aforesaid statutes/ enactments, rules, regulations etc. during the currency of the said Contract/ Agreement.

For and on Behalf of

For

Authorized Signatory

This is to certify that the EPF and ESI (Employees & Employer's contribution) of the following employees employed for **Contractor company Name** at **Principal Employer company name and Address** has been deducted by us from their wages for the month of _____ and has been deposited to the statutory authorities vide PF challan dtd: _____ and ESI Challan dtd: _____ ESI and PF number of the individual employees have been given below: -

Copies of the EPF & ESI Challan are enclosed herewith:

S. No.	NAME	PF Contribution	PF No./UAN No.	ESI Contribution	ESI No.

For and on Behalf of

For

Authorized Signatory