FORM No. 4

RETURN TO BE FURNISHED BY THE EMPLOYER TO THE CHIEF WELFARE FUND INSPECTOR AT THE COMMENCEMENT OF THE SCHEME

The Kerala Abkari Workers Welfare Fund Scheme, 1990

[*See* Sub para (1) in para 27]

1. Name and address of the establishment :

   (Licence No. and other details should be recorded)

2. Name and address of the employer :

Signature of the Employer.