

DRAFT FORMS I.R.O DRAFT RULES ON CHAPTER XXII OF THE
COMPANIES ACT, 2013

Form No. 22.1

Information to be filed by foreign company

[Pursuant to section 380(1) (h) and rule 22.1(2)]

1. Name of the foreign company:

2. (a) ISO code of the country where the foreign company is registered:
(b) Name of Country:
(c) Registration / GLN No.

3. Full address of registered or principal office of foreign company:
Address: Line I
Line II

City
State
Country
Pin code
Telephone No. with ISD Code.
Fax No. with ISD Code
E-mail id

4. Main objects for establishment of place of business in India:

5. (a) Date of establishment of principal place of business in India:

(b) Full address of principal place of business in India:
Address: Line I
Line II

City
State

Country

Pin code

Telephone No.

Fax No.

E-mail id

(c) Main objects/ business activity to be carried out at principal place of business in India:

6. Details of other places of business in India (in respect of each such place), if any:

(a) Date of establishment:

(b) Full address:

Address:

Line I

Line II

City

State

Country

Pin code

Telephone No.

Fax No.

E-mail id

(c) Main objects/ business activity to be carried at such place:

7. Details of the one or more person(s) resident in India and authorized to accept on behalf of the foreign company service of process and any notices or other documents required to be served on the foreign company-

(a) Number of persons authorized:

(b) Particulars in respect of each such person-

(i) Income-tax PAN:

(ii) Full name:

(iii) Father's/ Mother's/ Spouse's name:

(iv) Nationality:

- (v) Date of birth:
(vi) Occupation:
(vii) Permanent address:

Address: Line I
Line II

City
State
Pin code
Telephone No.
Fax No.
E-mail id

- (viii) Present residential address (if different from permanent address):

Address: Line I
Line II

City
State
Pin code
Telephone No.
Fax No.
E-mail id

- (ix) If director, promoter or key managerial personnel in any company, CIN No of such company:

- (x) Whether authorized by
☐ Power of attorney
☐ Resolution

8. Particulars of opening and closing of place of business in India on earlier occasion(s) (in respect of each occasion):

- (i) Number of places of business established:
- (ii) Date of establishment of such places of business:
- (iii) Full address of such places of business:
- (iv) Main object/ business activity carried out in India:
- (v) Date of closing:
- (vi) Reasons for such closing:

9. Details of the permission obtained from any Authority-

- (i) Name of the Authority:
- (ii) Date of obtaining the permission:
- (iii) Period of validity of such permission, if any:
- (iv) Permission obtained for:
- (v) Brief particulars of terms and conditions subject to which such permission is given:
- (vi) Other details, if any:

10. Details of subsidiary, holding or associate companies in India of the foreign company or of any subsidiary or holding company of such foreign company or of any firm in India in which such foreign company or its holding or subsidiary company is a partner:

- a) Name of such firm, subsidiary, holding or associate company
- b) CIN No. / LLP No.

11. Details of the persons, firms or companies in India which shall be deemed to be the 'related party', within the meaning of clause 76 of section 2 of the Act or Indian Accounting Standard 18, of the foreign company or of any subsidiary or holding company of such foreign company or of any firm in which such foreign company or its subsidiary or holding company is a partner.

- a) Name of such firm, subsidiary or associate company
- b) CIN No. / LLP No.

Explanation :- The word 'company' shall include a 'foreign company' for the purposes of column (10) and (11)

12. (i) Whether not less than fifty percent of the paid up share capital whether equity or preference or partly equity and partly preference of a Foreign Company is held by one or more citizens of India or by one or more companies or bodies corporate incorporated in India, or by one or more citizens of India and one or more companies or bodies corporate incorporated in India, whether single or in the aggregate:

- a) Yes
- b) No

(ii) If yes, then provide the details of such persons and / or bodies corporate:

1.) Details of persons (separately for each person)

- a) Income-tax PAN
- b) Name of the person
- c) Father / Mother / Spouse's Name
- d) Occupation
- e) E-mail ID
- f) Nationality
- g) Date of Birth
- h) Permanent Address including name of City, State, Country, PIN Code, Mobile No., Telephone No., Fax No. and E-mail Id
- i) Present residential address (if different than permanent address)
- j) If Director, Promoter or key managerial personnel in other company, if yes, CIN No. of such company.

2) Details of Companies / Bodies Corporate (separately for each body corporate)

- a) Name
- b) CIN No.
- c) Address with contact details

13. Particulars of payment of stamp duty-

- (a) State or Union Territory in respect of which stamp duty is paid or to be paid on foreign executed power of attorney:
- (b) Whether the stamp duty is to be paid electronically through MCA21 system:
 - ☐ Yes
 - ☐ No
- (c) Details of payment-
 - (i) Total amount of duty payable:
 - (ii) Amount of stamp duty paid:
 - (iii) Amount of stamp duty to be paid:
- (d) Details of stamp duty already paid-
 - (i) Total amount of stamp duty paid:
 - (ii) Mode of payment of stamp duty:
 - (iii) Name of the office of the collector of stamps or prescribed authority for stamping foreign executed documents as per section 18 of the Indian Stamp Act, 1899:
 - (iv) Serial number of embossing or stamps or treasury Challan number:
 - (v) Date of payment of stamp duty:
 - (vi) Place of payment of stamp duty:

Verification

I, the authorized representative of the company, hereby certify that I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed. It is hereby further certified that

the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Authorised representative of the Foreign company

Income Tax PAN of the Authorised representative

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

- a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;
- b. All the required attachments have been completely and legibly attached to this form;
- c. It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

Signature

Chartered Accountant/Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

Attachments-

1. Certified copy of the charter, statutes, or memorandum and articles, of the company or other instrument constituting or defining the constitution of the company; and if the instrument is not in English language, then the certified translation thereof in English language;
 2. List of directors and secretary of the foreign company;
 3. Power of attorney or board resolution in favour of the authorized representative(s);
 4. Copy of permission letter of Authority(s);
 5. Optional attachments, if any.
-

Note:

Attention is also drawn to provisions of Section 448 of the Act which provide for punishment for false statement and certification.

For office use only:

E-form Service Request Number (SRN)..... E-form filing date....

Digital signature of the authorizing officer

This e-form is hereby registered

Date of signing

Form No. 22.2

Return of alteration in the documents filed for registration by foreign company

[Pursuant to section 380(3) and rule 22.1(3)]

1. Foreign company registration number (FCRN):
2. (a) Name of the company:
(b) Address of the principal place of business in India of the company:
(c) E-mail id:
3. This return is being filed in relation with-
 - ☐ Alteration in charter, statute or memorandum of association or articles of association
 - ☐ Alteration in registered or principal office
 - ☐ Alteration in the principal place of business in India of the company
 - ☐ Alteration in directors or secretary
 - ☐ Alteration in particulars of company authorized representative(s)
4. (a) Date of the board meeting authorizing such alteration, if any
(b) Date of general meeting (if any)

Part A: Alteration in charter, statute or memorandum of association or articles of association

5. (a) Date of alteration:
(b) Brief description of the alteration:
(c) Reason(s) for such alteration:
(d) Whether there is any change in the name of the company:
 - ☐ Yes
 - ☐ No
(e) If yes, specify changed name of the company:

PART B : Alteration in registered or principal office of the company

6. (a) Address of new registered or principal office of the company in the country of incorporation

Address Line I

Line II

City

State

Pin Code

ISO Country Code

Country

(b) Date of alteration

(c) Reason of alteration

PART C : Alteration in the place of business in India of the company

7. (a) Whether the alteration is in respect of

☐ Principal place of business

☐ Other place(s) of business

(b) Type of alteration:

☐ Change of address of principal/ other place of business

☐ Cessation to have a place of business in India

(c) Details in respect of each alteration-

(i) Effective date of alteration:

(ii) Reason(s) for such alteration:

(iii) Existing address of the principal/ other place of business of the company:

Address:

Line I

Line II

City

State

Country

Pin code

Telephone No.

Fax No.

E-mail id

- (iv) In case of change of address, new address of the principal/ other place of business of the company:

Address:

Line I

Line II

City

State

Country

Pin code

Telephone No.

Fax No.

E-mail id

- (v) In case of cessation to have a place of business in India, whether the company is still maintaining any place of business in India:

☐ Yes

☐ No

If yes, total number of such place(s) in India:

- (vi) Whether any approval is required for such alteration:

☐ Yes

☐ No

If yes, Name of the Authority:

Date of the approval obtained:

Part D : Alteration in the particulars of the directors or secretaries

8. (a) Date of alteration:
- (b) Alteration in the particulars of-
- ☐ Director
 - ☐ Secretary
- (c) Brief description of each of the alteration:
- (d) Reason(s) thereof:

PART E : Alteration in particulars of company authorized representative

9. (a) Type of alteration:
- ☐ Appointment of new person authorized to accept service of documents
 - ☐ Modification to the particulars of person authorized to accept service of documents
 - ☐ Cessation of office of person authorized to accept service of documents
- (b) Total number of company representative(s)-
- Before alteration:
- After alteration:
- (c) Effective date of appointment/ modification/ cessation:
- (d) Reason(s) for such appointment/ modification/ cessation:
- (e) Details (or modified details) of the person appointed/ authorized/ ceased to accept service of documents on behalf of company:
- (i) Income-tax PAN:

- (ii) Full name:
- (iii) Father's/ Mother's/ Spouse's name:
- (iv) Nationality:
- (v) Date of birth:
- (vi) Occupation:
- (vii) E-mail ID
- (viii) Permanent address:

Address: Line I
Line II

City
State
Pin code
Telephone No.
Fax No.
E-mail id

- (ix) Present residential address (if different from permanent address):

Address: Line I
Line II

City
State
Pin code
Telephone No.
Fax No.
E-mail id

- (x) If director, promoter or key managerial personnel in any company, CIN of such company:

- (xi) Whether authorized by
 - ☐ Power of attorney
 - ☐ Resolution

Verification

I, the authorized representative of the company, hereby certify that I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed. It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Authorised representative of the Foreign company

Income Tax PAN of the Authorised representative

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;

b. All the required attachments have been completely and legibly attached to this form;

Signature

Chartered Accountant/Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

Attachments:

1. Copy of the Board resolution, if any;
2. Copy of the general meeting resolution, if any;
3. Copy of amended / altered document;
4. Director and secretary details;
5. Copy of approval letter, if any;
6. Translated version of the documents (in case it is not in English)
7. Optional attachments, if any.

Note:

Attention is also drawn to provisions of Section 448 of the Act which provide for punishment for false statement and certification.

For office use only:

E-form Service Request Number (SRN)..... E-form filing date....

Digital signature of the authorizing officer

This e-form is hereby registered

Date of signing

Form No 22.3

List of all principal places of business in India established by foreign company

[Pursuant to section 381(3) and rule 22.4]

1. Foreign company registration number (FCRN):

2. (a) Name of the company :
(b) Address of the principal place of business in India of the company :
(c) E-mail id :

3. (a) Whether the company is still maintaining any place of business in India:
☐ Yes
☐ No
(b) If yes, Total number of place(s) of business in India:

4. List of place(s) of business of India as on the date of balance sheet.

Establishment of new place(s) of business in India from the last balance sheet date:

5. (a) Total number of such establishment:

(b) Details of such establishment(s):

Date of establishment	Address & e-mail id	Reason for establishment	Business activity to be carried on from such place	Details of the approval taken	
				Date of approval	Name of the authority
(1)	(2)	(3)	(4)	(5)	(6)

Verification

I, the authorized representative of the company, hereby certify that I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed. It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Authorised representative of the Foreign company

Income Tax PAN of the Authorised representative

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;

b. All the required attachments have been completely and legibly attached to this form;

Signature

Chartered Accountant/Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

Attachments:

1. Approval letter obtained for every establishment
2. Optional attachments, if any.

Note:

Attention is also drawn to provisions of Section 448 of the Act which provide for punishment for false statement and certification.

For office use only:

E-form Service Request Number (SRN)..... E-form filing date....

Digital signature of the authorizing officer

This e-form is hereby registered

Date of signing

FORM NO 22.4
ANNUAL RETURN
as on the financial year ended on _____

of

[Pursuant to Section 384(2) and rule 22.5)]

I. INCORPORATION AND OTHER DETAILS OF THE FOREIGN COMPANY:

i) Foreign Company Registration Number/GLN: -

ii) Registration Date:

Date Month Year

iii) Country of incorporation:

Name Code

iv) **Category of the Company:** - [Please tick]

- 1 Public Company ()
- 2 Private company ()
- 3 One Person ()
 Company
- 4 Others, specify

v) **Sub Category of the Company:-** [Please tick]

vi) Whether shares/securities listed on Stock Exchange(s) - Yes/No

If yes, name of stock exchanges where shares/securities are listed

Stock exchange Name	Country	security listed
1.		
2.		
3.		

vii) Whether any part of the register of members or debentures is kept in India.

- ☐ YES
- ☐ NO

viii) If yes, address of the place in which the part of the register is kept.

LINE I

LINE II

CITY

STATE

PIN code

ix) NAME AND REGISTERED OFFICE ADDRESS OF THE FOREIGN COMPANY:

(To be filled in manually)

Company Name :

Address

Town / City :

State : PIN / ZIP Code:

Country Name : Country Code:

Telephone :

With ISD Area Code Number

Fax Number :

Email Address :

[Please provide valid and current email-id]

Address for correspondence; if different from address of registered office:
Yes/No

x). PRINCIPAL BUSINESS ACTIVITIES OF THE COMPANY (
Numbers)

All the business activities contributing 20 % or more of the total turnover
of the company shall be stated:-

Sl. No.	Name and Description of main products / services	NIC Code of the Product/ service	Turnover as % to total sales / turnover of the company
1			

2			
3			

II. PRINCIPAL PLACE OF BUSINESS AND OTHER PARTICULARS OF INDIAN BUSINESS OPERATIONS

i) Full address of the principal place of business in India

Address

Town / City :

State :

PIN/ZIP Code:

Country Name :

Country Code:

Telephone :

With STD Area Code Number

Fax Number :

Email Address :

[Please provide valid and current email-id]

ii) List of other places of business in India

Sl No.	Place of Business	Address	Date of Establishment
1			
2			
3			
4			

- iii) Name and address of the persons resident in India authorised to receive on behalf of the foreign company service of process or any notices or other documents to be served on the company

Sl No.	Name of the person	Address	Telephone / Mobile No.	E-mail ID	Date of authorization given	Date of Cessation of authorisation
1						
2						
3						
4						

III. PARTICULARS OF HOLDING, SUBSIDIARY AND ASSOCIATE COMPANIES AND FIRMS (including Limited Liability Partnerships or LLP) IN INDIA IN WHICH THE COMPANY OR ITS SUBSIDIARY OR HOLDING COMPANY IS PARTNER -

[No. of Firms / Companies for which information is being filled] - ☐

S. NO	NAME AND ADDRESS OF THE COMPANY / FIRM	GLN No./ LLP No	HOLDING/ SUBSIDIARY/ ASSOCIATE / FIRM	Mode of relationship	% of shares/capital/contribution held
1					
2					

(Meaning of a 'company' shall include a 'foreign company' for the purpose of this column)

IV. SHARE CAPITAL, DEBENTURES AND OTHER SECURITIES OF THE COMPANY

i) SHARE CAPITAL:

Particulars	No. of Shares	Nominal value per share, if any [Rs.]	Paid value per share, if any [Rs.]	Total Nominal value of shares [Rs. In Thousand]	Total Paid value of shares [Rs. In Thousand]
[specify for each type of capital]					
-At the beginning of the year					
-Changes during the year					
(+) Increase					
(-) Decrease					
-At the end of the year					
Total Paid-up Share Capital at the end of the year (Auto fill)					

ii) Debentures

Type of Debentures	No. of Debentures	Paid Value per Debenture	Total paid up value of Debentures [Rs. In Thou
Total Amount of Debentures At the beginning of the year -Changes during the year 1. Increase 2. Redemption 3. Converted 4. -At the end of the year (Auto fill)			

iii) Other Securities (As on the date of Balance Sheet)

Type of Securities	Number of Securities	Nominal Value of each Unit (Rs)	Total Nominal Value (Rs. In Thousand)	Paid up Value of each Unit (Rs)	Total Paid up Value (Rs. In Thousa
1.					

2.						
3.						
Total Amount:-						

iv). SHARE HOLDING PATTERN

a) Whether not less than fifty percent of the paid up share capital whether equity or preference or partly equity and partly preference of the foreign company is held by one or more citizens of India or by one or more companies or bodies corporate incorporated in India, or by one or more citizens of India and one or more companies or bodies corporate incorporated in India, whether single or in the aggregate:

- ☐ Yes
- ☐ No

b) Share holding of Indian citizens etc. – Name of the Indian citizens or companies or bodies corporate incorporated in India holding equity or preference shares in the foreign company alongwith changes therein during the year:

Name of Shareholders	Shares held at the beginning of the year	Shares held at the end of the year	% C durin year
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	No of shares	Paid- up value	% of Total Share capital	No of shares	Paid up value	% of Total Shares capital		
A. Indian Citizens								
1.								
2.								
3.								
4.								
Sub-total (A)								
B. Companies / Bodies Corporate incorporated in India (Mention CIN in case of companies)								
1.								
2.								
3.								
4.								
Sub-total (B)								
Total (A+B)								
c) Shareholding Pattern of top ten Shareholders								

Sl. No.	Name of Share holders	Shareholding at the beginning of the year		Shareholding at the end of the year		Change during the year	
		No. of shares	% of total shares of the company	No. of shares	% of total shares of the company	No. of shares	% of total shares of the company
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	Total						

V) INDEBTEDNESS

Indebtedness of the Company for which charge has been created on the properties in India requiring registration of charges under section 384 and Chapter VI of the Act.

Particulars	Amount secured	Name of the Charge holder	Name of the property charged

Indebtedness at the beginning of the year i) Principal Amount ii) Interest due but not paid iii) Interest accrued but not due			
Total (i+ii+iii)			
Charge created during the year 1 2 3			
Charge satisfied during the year 1 2 3			
Indebtedness at the end of the year i) Principal Amt ii) Interest due but not paid iii) Interest accrued but not due			
Total (i+ii+iii)			

VII. PROMOTERS [PARENT GROUP OR OWNER GROUP (BY WHATEVER NAME CALLED)] , DIRECTORS and KEY MANAGERIAL PERSONNEL AND CHANGES THEREIN

A) Promoter(s) or parent or owners: (to be given only in case of first annual return or when a change in promoters or parent or owners group takes place):

i) Total no. of Promoter(s) [Parent group or Owner group (by whatever name called)]- □

a. Details of Promoters [(Parent group or Owner group (by whatever name called))]

(for each promoter/parent or owner):

Body Corporates - CIN / GLN -

Name

Nationality

Address of Registered Office

Individual(s)

Full Name

Nationality

Passport Number

Number of shares and percentage of share capital held

Address

B) Details of Directors :

i) Total number of Directors : ☐

ii) For each director following particulars to be given:

a. DIN/Passport No. :

b. Full Name:

c. Father's/ Mother's / Spouse's Name:

d. Nationality- I -Indian F-Foreign / Country Name & Code

e. Date of Birth Date Month Year

f. Designation:

g) Occupation:-

h) Email-id :-

i) No. of Equity Shares held in the Company:-

Date of Appointment

Date Month Year

Date of Ceasing:

Date Month Year

Residential Address:

Town / City :

District :

State :

Pin Code :

j) Details of Directorships in other companies

Sl. No.	Name of the Company	CIN / GLN of the Company	Country of Regn	Designation*	Date of Appointment	Date of Cessation
1						
2						
3						

C) Key Managerial Personnel, if any (for each KMP in foreign company):

i) Managing Director / CEO / Manager / Whole-time Director/ Secretary / CFO

ii) DIN/PAN / UIN/ PASSPORT NO :-

iii) Full Name:

iv) Father's/ Mother's / Spouse's Name

[As per DIN/PAN/UIN/PASSPORT NO.]

v) Nationality- I -Indian F-Foreign / Country name
& code

vi) Date of Birth

Date Month Year

vii) Designation:

viii) Date of Appointment

Date Month Year

Date of Ceasing:

Date Month Year

Residential Address:

Town / City :

District :

State :

Pin Code :

XII. PENALTIES / PUNISHMENT/ COMPOUNDING OF OFFENCES :

Type	Act /Section	Brief Description	Penalty / Punishment / Compounding fees imposed	Authority / COURT
A. COMPANY				
Penalty				

Punishment					
Compounding					
B. DIRECTORS					
Penalty					
Punishment					
Compounding					
C. OFFICERS					
Penalty					
Punishment					
Compounding					
D. PERSONS AUTHORISED TO RECEIVE NOTICES ON BEHALF OF THE FOREIGN COMPANY					
Penalty					
Punishment					
Compounding					

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Verification

I, the authorized representative of the company, hereby certify that I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed. It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Authorised representative of the Foreign company

Income Tax PAN of the Authorised representative

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;

b. All the required attachments have been completely and legibly attached to this form;

c. The return states the facts, as they stood on the date of the closure of the financial year aforesaid correctly and adequately.

d. Unless otherwise anything in contrary is stated expressly elsewhere in this Return, the Company has complied with all the provisions of the Act during the financial year.

e. It is understood that I shall be liable for action under Section 449 of the Companies Act, 2013 for wrong certification, if any found at any stage.

Signature

Chartered Accountant/Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

Note:

This eform has been taken on file maintained by the Registrar of Companies through electronic mode and on the basis of statement of correctness given by the filing company. Attention is also drawn to provisions of Section 448 of the Act which provide for punishment for false statement and certification.

Form No. 22.5

Nomination by IDR Holder

[Pursuant to section 390 and rule 22.6(c)]

1. Name of the foreign company:

2. (a) ISO code of the country where the foreign company is registered:

(b) Name of Country:

(c) Registration / GLN No.

3. Full address of registered or principal office of foreign company:

Address:

Line I

Line II

City

State

Country

Pin code

Telephone No. with ISD Code.

Fax No. with ISD Code

E-mail id

4. Details of IDRs held by the IDR holder

5. Name and details of the Nominee to whom IDRs held by the holder shall vest in the event of death of the holder :

a. Name of the nominee:

b. Father/Husband name:

c. Date of Birth:

d. Gender:

e. PAN:

f. Full Address:

Declaration

I S/o/W/o..... R/o.....and holder of
..... number of IDRs distinctive number as given herein above do hereby
nominate the above person whose particulars are given herein above who shall hold

such IDRs held by me even in the event of my death. I am giving this declaration out of own volition and free will, without any under influence or duress and this nomination shall be final unless it is revoked by me in future by nominating another person.

Signature
