

FORM NO. INC-20A

[Pursuant to Section 10A(1)(a) of the Companies Act, 2013 and Rule 23A of the Companies (Incorporation) Rules, 2014]



Declaration for commencement of business

Form language English Hindi

Refer the instruction kit for filing the form.

1 (a) *Corporate identity number (CIN) of company

(b) Global location number (GLN) of company

2 (a) Name of the company

(b) Address of the registered office of the company

(c) email ID of the company

3 (a) *Whether the affairs of the Company is regulated by any sectoral regulator (like RBI in case of NBFI activities)
 Yes No

Attachments

- *Subscribers proof of payment for value of shares
- Certificate of Registration issued by the RBI (Only in case of Non-Banking Financial Companies) / from other regulators
- Notification declaration as a Nidhi Company
- Optional attachment(s) - (if any)

List of attachments

Declaration

I am authorized by the Board of Directors of the Company vide resolution number * 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 further declare that:

- Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the company.
- All the required attachments have been completely and legibly attached to this form.
- Every subscriber to the MOA has paid the value for shares agreed to be taken by him.
- The company has filed with the registrar a verification of its registered office as provided in subsection (2) of section 12.

To be digitally signed by
Director

SANIYA
YEDUBU
VA PUR

*Director identification number

09483541

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 relevant to this form and I have verified the above particulars (including attachment(s)) from the original 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.

- * Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or Company secretary (in whole-time practice)

* Whether associate or fellow Associate Fellow

* Membership number

173615

* Certificate of practice number

173615

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

Modify

Check Form

Prescribing

Submit

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 company