

FORM

Form of application for approval for declaration of dividend out of reserves

[Pursuant to section 205A(3) of the Companies Act,
1956 and the Companies (Declaration of Dividend out
of Reserves) Rules,1975]

Note - All fields marked in * are to be mandatorily filled.

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

3. * Capital structure (rupees in thousands)

(i) *Paid-up capital

(ii) Reserves and surplus

(a) *Free reserves

(b) *Other reserves

4. Indicate the rate and amount of proposed dividend and how it meets the condition(s) mentioned in the rule 2 of the Companies (Declaration of Dividend out of Reserves) Rules,1975

(a) * Proposal of the company

(b) *Rate of proposed dividend

(c) *Amount of proposed dividend

(d) *Conditions for the non-compliance of which the application is being made

5. Justification for the proposal

(a) When the company is in loss

(b) When the profit is inadequate for declaring dividend at the proposed rate

6.* Amount of profits for the current year and the amount proposed to be withdrawn from the general reserves

(a) Amount proposed to be utilised

(b) Amount proposed to be withdrawn

Attachments

- 1. *No objection letter from the company's lead financial institution
- 2. *Copy of board of directors resolution in support of the company's proposal
- 3. Optional attachment(s) - if any

List of attachments

Declaration

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

I have been authorised by the board of directors' resolution dated* (DD/MM/YYYY)
to sign and submit this application

To be digitally signed by

Managing director or director or manager or secretary of the company

Certificate

It is hereby certified that I have verified the above particulars from the books of account and records of

M/s

and found them to be true and correct.

To be digitally signed by

Chartered accountant or cost accountant or company secretary (in whole-time practice)

For office use only:

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected