

FORM 23

Registration of resolution(s) and agreement(s)

[Pursuant to section 192 of the Companies Act, 1956]

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

(c) *e-mail ID of the company

3. *Registration of Resolution(s) Agreement Postal ballot resolution(s) under section 192A

4. Date of dispatch of notice for passing of

(a) Resolution(s)

(DD/MM/YYYY)

(b) Postal ballot resolution(s)

(DD/MM/YYYY)

5. Date of passing of

(a) Resolution(s)

(DD/MM/YYYY)

(b) Postal ballot resolution(s)

(DD/MM/YYYY)

6. Number of resolution(s) for which the form is being filed

Details of the resolution

(a) Section of the Companies Act, 1956 under which passed

(b) Purpose of passing the resolution

If others, mention the section and purpose

(c) Subject matter of the resolution

(d) In case of listed company, mention whether resolution passed by postal ballot

Yes

No

(e) Indicate the authority passing or agreeing to the resolution

Board of directors

Shareholders

Class of shareholders

Creditors

(f) Whether ordinary or special resolution or with requisite majority

Ordinary resolution

Special resolution

Requisite majority

7.(a) In case of alteration in object clause, whether there is any change in the industrial activity of the company Yes No

(b) If yes, provide the main division of new industrial activity of the company

Description of the main division

8. In case of voluntary winding up under section 484, provide the following details

(a) Mode of winding up Members' Creditors'

(b) Date of commencement of winding up (DD/MM/YYYY)

(c) Number of liquidator(s)

Details of liquidator(s)

I.

Income-tax permanent account number (Income-tax PAN)	<input type="text"/>
Name	<input type="text"/>
Address	
Line I	<input type="text"/>
Line II	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Pin Code	<input type="text"/>

II.

Income tax PAN	<input type="text"/>
Name	<input type="text"/>
Address	
Line I	<input type="text"/>
Line II	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Pin Code	<input type="text"/>

9. Details of the agreement

(a) Date of the agreement	<input type="text"/>	(DD/MM/YYYY)
(b) Section of the Companies Act, 1956 under which agreement made	<input type="text"/>	
(c) Purpose of entering into the agreement	<input type="text"/>	
If others, mention the section and purpose	<input type="text"/>	
(d) Subject matter of the agreement	<input type="text"/>	
(e) Indicate the authority adopting the agreement	<input type="radio"/> Board of directors <input type="radio"/> Shareholders <input type="radio"/> Class of shareholders <input type="radio"/> Creditors	

10. Service request number(SRN) of Form21 (in case of alteration in object clause)

Attachments

List of attachments

1. Copy(s) of resolution(s) along with copy of explanatory statement under section 173
2. Altered memorandum of association
3. Altered articles of association
4. Copy of agreement
5. Optional attachment(s) - if any

Verification

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete. It is also certified that copy of the resolution(s) or agreement(s) filed herewith is or are a true copy(s) of the original.

I have been authorised by the Board of directors' resolution number dated
(DD/MM/YYYY)

To be digitally signed by

Managing Director or director or manager or secretary or liquidator of the company

*Designation

Name of liquidator

*Director identification number of the director or Managing Director; or
Income-tax PAN of the manager or liquidator; or
Membership number, if applicable or income-tax PAN of the secretary
(secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars(including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

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 or certificate of practice number

For office use only:

This e-Form is hereby registered

Digital signature of the authorising officer