FORM 17

Particulars for satisfaction of charges

[Pursuant to section 138 and pursuant to section 600 of the Companies Act, 1956]

Note - All fields marked in * are to be	e mandatorily	∕ filled.
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	tity number (CIN) or mber (FCRN) of the					
(b) Global location	n number (GLN) of co	ompany				
2.(a) Name of the co	ompany					
(b) Address of the registered office the principal pla business in Ind of the company	ace of ia					
(c) *e-mail ID of the	e company					
3. *Whether charge	is satisfied in favour	of asset reconstruc	ction company (A	RC) or assignee	Yes	O No
-	dentification (ID) nur					
CIN						
Name						
Address						
*e-mail ID						
(b) Particulars of o	creation of original ch	arge and subsequ	ent modifications	;		
(i) Charge creation date			(DI	D/MM/YYYY)		
(ii) Charge last m	nodified date		(DI	D/MM/YYYY)		
(iii) *Final amoun (In case the	t secured amount is in foreign	currency, rupee eq	uivalent to be sta	ated) (in Rs.)		
(iv) Amount secu	red by the charge in	words				
(v) In case amou	nt secured by the ch	arge is in foreign c	urrency, mention	details		
5. *Date of satisfaction	on of charge in full		(DD/MI	M/YYYY)		

Attachments	List of attachments					
1. Letter of the charge holder stating that the						
amount has been satisfied						
2. Optional attachment(s) - if any						
Verification I confirm that all the information and particulars mentioned above are true	e and correct as per the company's record.					
I have been authorised by the Board of directors' resolution number to sign and submit this form.	dated * (DD/MM/Y					
To be digitally signed by						
Managing director or director or manager or secretary (In case of an Indoor an authorised representative (In case of a foreign company)	ian company)					
*Designation						
*Director identification number of the director or Managing Director; or Income-tax permanent account number(income-tax PAN) of the manager or authorised representative; 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)						
Verification To the best of my knowledge and belief, the information given in this form complete. I am duly authorised to sign this form.	and its attachment(s) is correct and					
To be digitally signed by						
Designation						
Charge holder (financial institution or bank or debenture holder etc.)						
To be digitally signed by						
Designation						
ARC or assignee						
Certificate It is hereby certified that I have verified the above particulars (including a	ttachment(s)) from the records of					
and found them to be true and correct. I further certify that all the require attached to this form.	d attachment(s) have been completely					
Chartered accountant (in whole-time practice) or Cost account	ntant (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:						
It is certified that the above document for charge satisfaction is hereby re	gistered					
Digital signature of the authorising officer						