

FORM 18

Notice of situation or change of situation of registered office

[Pursuant to section 146 of the Companies Act, 1956]

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

1.*This form is for New company Existing company

2.(a) *Corporate identity number (CIN) of company or Form 1A reference number

(b) Global location number (GLN) of company

3.(a) Name of the company

(b) Address of the registered office of the company

4. Notice is hereby given that

(a)The address of the registered office of the company with effect from

(DD/MM/YYYY) is

The date of incorporation of the company is

*Address

Line I

Line II

*City

*District

*State

*ISO country code

*Pin code

*e-mail ID

(b) The full address of the police station under whose jurisdiction the registered office of the company is situated

*Name

*Address

Line I

Line II

*City

*State

*Pin code

5. Service request number of relevant form

(Mention the SRN of related Form 1AD, 21; if applicable)

Attachments

List of attachments

1. 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.

I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this form

I am authorised to sign and submit this form.

To be digitally signed by

Managing director or director or manager or secretary of the company

*Designation

*Director identification number of the director or Managing Director, or Income-tax PAN of the manager; 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 from the books and records of

and found them to be true and correct.

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