

FORM RD-2

[Pursuant to Companies Act, 2013]



Form for filing Application to Central
Government
(Regional Director)

Form language ☐ English ☐ Hindi

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

1. * Category of applicant

2(a) * Corporate identity number (CIN) or Foreign
company registration number (FCRN) of company

(b) Global location number (GLN) of company

3(a) Name of the company

(b) Address of the registered
office or principal place
of business in India of
the company

(c) e-mail ID of the company

4. Details of applicant (in case category is others)

(a) Name

(b) Address Line I

Line II

(c) City

(d) State

(e) ISO country code

(f) Country

(g) Pin code

(h) e-mail ID

5. * Please indicate the purpose of the application

☐ Application under section 87

6(a) Service request number (SRN) of relevant form

(Mention the SRN of relevant form CHG-1, CHG-9, CHG-4, or any other form, if applicable)

(b) Date of SRN (DD/MM/YYYY)

7(a) Charge creation identification (ID) number

(b) Name of chargeholder or ARC or assignee

(c) Address of chargeholder or ARC or assignee

(d) e-mail ID

8. * Details of application

List of attachments

Attachments

- 1. * Copy of application in Form CHG-8
- 2. * Affidavit verifying the petition
- 3. Optional attachment(s) - if any

Verification

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 number * dated *
(DD/MM/YYYY)

*** To be digitally signed by**

Managing Director or director or manager or secretary or CEO or CFO (in case of an Indian company) or an authorised representative (in case of foreign company)

* Designation

* Director identification number of the director or managing director; or Income-tax PAN of the manager or authorised representative; or Membership number of Secretary, or DIN or PAN of CEO or CFO

To be digitally signed by

In case form is being signed by chargeholder or ARC or assignee or chartered accountant (in whole-time practice) or company secretary (in whole-time practice) or cost accountant (in whole-time practice) or others

Designation

Capacity

Whether associate or fellow ☐ Associate ☐ Fellow

Membership number or certificate of practice number

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

(DD/MM/YYYY)

eForm Service request number (SRN) eForm filing date

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)