

FORM 64

Form for filing application for opening branch(s)
by a nidhi company

[Pursuant to section 620A of the Companies
Act, 1956 and notification GSR 555(E) dated
26-07-2001]

Form Language English हिन्दी

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. *Date on which notified as nidhi under section 620A (DD/MM/YYYY)

4. *Whether remuneration paid to directors for the last three years

Yes No

5. *Whether any director is disqualified under section 274

Yes No

(i) (a) Director identification number (DIN)

(b) Name of the director

(c) Details of disqualification

(ii) (a) DIN (b) Name of the director

(c) Details of disqualification

(iii) (a) DIN (b) Name of the director

(c) Details of disqualification

(iv) (a) DIN (b) Name of the director

(c) Details of disqualification

(v) (a) DIN (b) Name of the director

(c) Details of disqualification

6. Details of the proposed branch(s)

Branch 1

(a) *Address Line I

Line II

(b) *City

(c) *State

(d) *Country (e) *Pin code

(f) Number of members of the company residing in the proposed branch location

(g) *Estimated cost of opening branch (in Rs.)

(h) Means of funding branch opening cost

Branch 2

(a). Address Line I

Line II

(b) City

(c) State

(d) Country (e) Pin code

(f) Number of members of the company residing in the proposed branch location

(g) Estimated cost of opening branch (in Rs.)

(h) Means of funding branch opening cost

Branch 3

(a). Address Line I

Line II

(b) City

(c) State

(d) Country (e) Pin code

(f) Number of members of the company residing in the proposed branch location

(g) Estimated cost of opening branch (in Rs.)

(h) Means of funding branch opening cost

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

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)