

FORM NO. 68

[Pursuant to Rule 20G of the Companies (Central Government's) General Rules and Forms (Second Amendment), 2010]

Application for rectification of mistakes
apparent on record

Form Language English हिन्दी

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

1.(a) *This form is for rectification of information filed through

Form 1A Form 1 Form 44

(b) *Form 1A reference number (Service request number (SRN) of approved Form 1A) or SRN of approved Form 1 or SRN of approved Form 44

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 of the principal place of business in India of the company

(c) Name of the applicant

(d) * e-mail ID

4. Rectification required in respect of Form 1A -

Originally filled in information vide above mentioned SRN

(a) Approved name of the company

(b) Type of the company

(c) Category of the company

(d) Sub-category of the company

Enter the correct information that should have been filled in. Enter only the relevant field(s) from the following, which need to be rectified.

(e) Type of the company

New company (others) Section 25 company Part ~~1~~ company Producer (Part ~~1~~ A) company

(f) Category (select whichever is applicable)

(g) Sub-category (select whichever is applicable)

5. Rectification required in respect of Form 1 -

Originally filled in information vide above mentioned SRN

(a) Name of the company

(b) Type of the company

(c) Category of the company

(d) Sub-category of the company

Enter the correct information that should have been filled in. Enter only the relevant field(s) from the following, which need to be rectified.

(e) Type of the company

New company (others) Section 25 company Part IX company Producer (Part IXA) company

(f) Category (select whichever is applicable)

(g) Sub-category (select whichever is applicable)

6. Rectification required in respect of Form 44 -

Originally filled in information vide above mentioned SRN

(a) Name of the company

(b) Country where the company is registered (ISO country code)

(c) Country

(d) Type of office

(e) If other, then details

Enter the correct information that should have been filled in. Enter only the relevant field(s) from the following, which need to be rectified.

(f) Name of the company

(g) Country where the company is registered (enter ISO country code)

(h) Country

(i) Type of office

(j) If other, then
provide details

7. * Reason for committing error

Attachments

List of attachments

- 1. Board resolution authorising the rectification
- 2. Optional attachment(s) - if any

Verification

To the best of my knowledge and belief, the information given in this application and its attachment(s) is correct and complete.

- I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this application.
- I am a promoter (proposed first subscriber to the MoA) and I am also authorised by the other proposed first subscribers to sign and submit this application.
- I am authorised to sign and submit this application.

To be digitally signed by

Applicant or Managing Director or director or manager or secretary (In case of an Indian company) or an authorised representative (In case of a foreign company)

* Designation

* Director identification number (DIN) or Income-tax PAN or passport number of the applicant; or DIN of the Managing Director or director; or 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)

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:

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)