

08th June 2018

BSE Limited
P.J. Towers,
Dalal Street,
Mumbai - 400 001

Dear Sir/ Madam,

Sub: Change of directors

We wish to inform you that the board at the recommendation of the Nomination & Remuneration Committee of the company, approved the appointment of:

1. Mr. Rajiv C. Lochan as Additional director, Independent with effect from 01.03.2018
2. Mr. Salim Gangadharan as Additional director, Independent with effect from 30.04.2018.

The appointment of Additional Directors, Mr. Rajiv C Lochan and Mr. Salim Gangadharan were approved by the board by way of a resolution passed by circulation on 30th April 2018.

We also wish to bring to your notice the following directors resigned from the board of the company:

- Ms. Bindu Ananth with effect from 11.05.2018.
- Mr. Charles Silberstein with effect from 22.05.2018

The resignation of Ms. Bindu Ananth and Mr. Charles Silberstein were noted at the Board meeting held on 11th May 2018.

Copies of the forms filed with Registrar of Companies informing the Regulator about the change in directors of the company as stated supra are attached as Annexure A.

We request you to please take the above information on record.

Thank you.

Yours faithfully,

For Northern Arc Capital Limited (formerly IFMR Capital Finance Limited)



Srividhya R
Company Secretary



Encl: 1. Annexure A -Forms DIR.12 filed with ROC

MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7

SRN : G88707104

Service Request Date : 04/06/2018

Payment made into : ICICI Bank

Received From :

Name : PRABHAKAR C
Address : BP AND ASSOCIATES, Company Secretaries
New No.74, Old No.62, Akshaya Flats 12th Avenue, Ashok Nagar
Chennai, Tamil Nadu
India - 600083

Entity on whose behalf money is paid

CIN: U65910TN1989PLC017021
Name : NORTHERN ARC CAPITAL LIMITED
Address : No. 1, Kanagam Village, 10th Floor
IITM Research Park, Taramani
Chennai, Tamil Nadu
India - 600113

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form DIR-12	Normal	600.00
Total		600.00

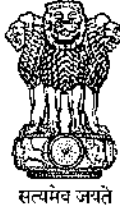
Mode of Payment: Internet Banking - ICICI Bank

Received Payment Rupees: Six Hundred Only

Note -The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar , then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 10 of the Companies (Registration offices offices and Fees) Rules, 2014)

FORM NO. DIR-12

[Pursuant to sections 7(1) (c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Particulars of appointment of directors and the key managerial personnel and the changes among them

Form Language English Hindi

Refer the instruction kit for filing the form.

1. This form is for New company existing company

2. (a) Corporate Identity Number (CIN) of company

U65910TN1989PLC017021

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

NORTHERN ARC CAPITAL LIMITED

(b) Address of the registered office of the company

No. 1, Kanagam Village, 10th Floor
IITM Research Park, Taramani
Chennai
Tamil Nadu
600113
India

(c) E-mail ID of the company

srividhya.r@northernarc.com

4. Number of Managing director or director(s) for which the form is being filed

2

5. Details of the Managing Director, directors of the company

1 Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

02456029

Pre-fill

ii Name

BINDU ANANTH

iii Father's name

ANANTHASIVAN LAKSHMANAN TAIRUVARPU

iv Present residential address

36, F - 1, Krishna Kutia, 5th Avenue,
Besant Nagar
CHENNAI
Tamil Nadu
India
600090

v Nationality

IN

vi Date of birth

12/05/1979

vii Gender

Female

viii Appointment Cessation Change in designation

ix Designation

Director

x Date of Appointment or
change in designation

(DD/MM/YYYY)

xi Category

xii Whether Chairman, Executive Director, Non-Executive Director

Chairman Executive director Non Executive Director

xiii DIN of such director to whom appointee is alternate

Pre-fill

xiv Name of the director to whom such
appointee is alternate

xv Name of the company or institution whose nominee the
appointee is

xvi E-mail ID of director

Bindu.Ananth@dvara.com

xvii In case of cessation

Hereby confirmed that the above mentioned Director Managing director xviii is not associated with the company
with effect from 11/05/2018 (DD/MM/YYYY) xix due to Resignation u/s 168

xx Interest in other entities

xxi Number of such entities

xxii * CIN/LLPIN/FCRN/Registration number

Pre-fill

xxiii * Name

xxiv * Address

xxv Nature of interest

xxvi * Designation

xxvii Percentage of Shareholding

xxviii Amount

xxix Others (specify)

1 Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

03295477

Pre-fill

ii Name

CHARLES DAVID SILBERSTEIN

iii Father's name

JOSEPH AARON SILBERSTEIN

iv Present residential address

FLAT 8
45 QUEEN'S GATE TERRACE
LONDON
United Kingdom
SW75PN

v Nationality

US

vi Date of birth

11/03/1953

vii Gender

Male

viii Appointment Cessation Change in designation

x Date of Appointment or change in designation

ix Designation

Director

(DD/MM/YYYY)

xi Category

xii Whether Chairman, Executive Director, Non-Executive Director

Chairman Executive director Non Executive Director

xiii DIN of such director to whom appointee is alternate

Pre-fill

xiv Name of the director to whom such appointee is alternate

xv Name of the company or institution whose nominee the appointee is

xvi E-mail ID of director

charles.silberstein@gmail.com

xvii In case of cessation

Hereby confirmed that the above mentioned Director Managing director xviii is not associated with the company with effect from 22/05/2018 (DD/MM/YYYY) xix due to Resignation u/s 168

xx Interest in other entities

xxi Number of such entities

xxii * CIN/LLPIN/FCRN/Registration number

Pre-fill

xxiii * Name

xxiv * Address

xxv Nature of interest

xxvi * Designation

xxvii Percentage of Shareholding

xxviii Amount

xxix Others (specify)

6. Number of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer for which the form is being filed

7. Details of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer of the company

1	i	Director Identification Number (DIN), if any	<input type="text"/>	<input type="button" value="Pre-fill"/>
	ii	Income Tax permanent account number (PAN)	<input type="text"/>	<input type="button" value="Verify Details"/>
	iii	<input type="radio"/> Appointment <input type="radio"/> Cessation		
	iv	Membership number of the secretary	<input type="text"/>	
	v	First Name	<input type="text"/>	
	vi	Middle Name	<input type="text"/>	
	vii	Last Name	<input type="text"/>	
	viii	Father's name		
	ix	First Name	<input type="text"/>	
	x	Middle Name	<input type="text"/>	
	xi	Last Name	<input type="text"/>	
	xii	Present residential address	xiii Line I	<input type="text"/>
			xiv Line II	<input type="text"/>
	xv	City	<input type="text"/>	
	xvi	State	xvii Pin Code	<input type="text"/>
	xviii	ISO Country Code	<input type="text"/>	
	xix	Country	<input type="text"/>	
	xx	Phone	xxi Fax	<input type="text"/>
	xxii	Date of birth	<input type="text"/> (DD/MM/YYYY)	
	xxiii	Designation	<input type="text"/>	
	xxiv	Date of Appointment or cessation	<input type="text"/> (DD/MM/YYYY)	
	xxv	E-mail ID	<input type="text"/>	

Attachments

List of attachments

- (1) Declaration by first director
- (2) Declaration of the appointee director in Form No. DIR-2;
- (3) Notice of resignation;
- (4) Evidence of cessation;
- (6) Optional attachment(s) - if any.

Attach	CTC_Bindu_chuck_resignation_NAC.pdf Resignationletters.pdf Evidenceofcessation_NAC.pdf
Attach	
Attach	
Attach	
Attach	
Attach	Remove attachment

Declaration

I *

- A person named in the articles as a of the company
(in case if a new company) or
- authorized by the Board of Directors of the Company vide
number dated

to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

* To be digitally signed by 

* Designation

* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the secretary

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that:

- The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order ;
- All the required attachments have been completely and legibly attached to this form;
- It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any found at any stage.

* To be digitally signed by 

- 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

Certificate of Practice Number

Modify	Check Form	Prescribing	Submit
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This eForm has been taken on file maintained by the Registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.

MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7

SRN : G88542162

Service Request Date : 01/06/2018

Payment made into : ICICI Bank

Received From :

Name : PRABHAKAR C
Address : BP AND ASSOCIATES, Company Secretaries
New No.74, Old No.62, Akshaya Flats 12th Avenue, Ashok Nagar
Chennai, Tamil Nadu
India - 600083

Entity on whose behalf money is paid

CIN: U65910TN1989PLC017021
Name : NORTHERN ARC CAPITAL LIMITED
Address : No. 1, Kanagam Village, 10th Floor
IITM Research Park, Taramani
Chennai, Tamil Nadu
India - 600113

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form DIR-12	Normal	600.00
	Additional	3600.00
	Total	4200.00

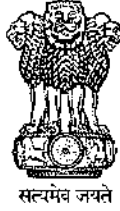
Mode of Payment: Internet Banking - ICICI Bank

Received Payment Rupees: Four Thousand Two Hundred Only

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FORM NO. DIR-12

[Pursuant to sections 7(1) (c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Particulars of appointment of directors and the key managerial personnel and the changes among them

Form Language English Hindi

Refer the instruction kit for filing the form.

1. This form is for New company existing company

2. (a) Corporate Identity Number (CIN) of company

U65910TN1989PLC017021

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

NORTHERN ARC CAPITAL LIMITED

(b) Address of the registered office of the company

No. 1, Kanagam Village, 10th Floor
IITM Research Park, Taramani
Chennai
Tamil Nadu
600113
India

(c) E-mail ID of the company

srividhya.r@northemarc.com

4. Number of Managing director or director(s) for which the form is being filed

1

5. Details of the Managing Director, directors of the company

1 Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

05309534

Pre-fill

ii Name

RAJIV CHELLAPPA LOCHAN

iii Father's name

SENJI GOMATAM CHELLAPPA

iv Present residential address

11-1, Panchajanya Plot 10-1, Valliammai
aachi road, Kotturpuram
Chennai
Tamil Nadu
India
600085

v Nationality

IN

vi Date of birth

23/07/1971

vii Gender

Male

viii Appointment Cessation Change in designation

x Date of Appointment or
change in designation

01/03/2018

ix Designation

Additional director

(DD/MM/YYYY)

xi Category

Independent

xii Whether Chairman, Executive Director, Non-Executive Director

Chairman Executive director Non Executive Director

xiii DIN of such director to whom appointee is alternate

Pre-fill

xiv Name of the director to whom such
appointee is alternate

xv Name of the company or institution whose nominee the
appointee is

xvi E-mail ID of director

rajivclochan@gmail.com

xvii In case of cessation

Hereby confirmed that the above mentioned Director Managing director xviii is not associated with the company
with effect from (DD/MM/YYYY) xix due to

xx Interest in other entities

xxi Number of such entities

7

xxii * CIN/LLPIN/FCRN/Registration number

U22300TN2017PTC115593

Pre-fill

xxiii * Name

THG PUBLISHING PRIVATE LIMITED

xxiv * Address

Kasturi Buildings, 859 & 860,
Anna Salai
Chennai
Chennai
Tamil Nadu
600002

xxv Nature of interest

xxvi * Designation

Managing Director

xxvii Percentage of Shareholding

xxviii Amount

xxix Others (specify)

6. Number of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer for which the form is being filed

7. Details of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer of the company

1	i	Director Identification Number (DIN), if any	<input type="text"/>	<input type="button" value="Pre-fill"/>
	ii	Income Tax permanent account number (PAN)	<input type="text"/>	<input type="button" value="Verify Details"/>
	iii	<input type="radio"/> Appointment <input type="radio"/> Cessation		
	iv	Membership number of the secretary	<input type="text"/>	
	v	First Name	<input type="text"/>	
	vi	Middle Name	<input type="text"/>	
	vii	Last Name	<input type="text"/>	
	viii	Father's name		
	ix	First Name	<input type="text"/>	
	x	Middle Name	<input type="text"/>	
	xi	Last Name	<input type="text"/>	
	xii	Present residential address	xiii Line I	<input type="text"/>
			xiv Line II	<input type="text"/>
	xv	City	<input type="text"/>	
	xvi	State	<input type="text"/>	xvii Pin Code <input type="text"/>
	xviii	ISO Country Code	<input type="text"/>	
	xix	Country	<input type="text"/>	
	xx	Phone	<input type="text"/>	xxi Fax <input type="text"/>
	xxii	Date of birth	<input type="text"/>	(DD/MM/YYYY)
	xxiii	Designation	<input type="text"/>	
	xxiv	Date of Appointment or cessation	<input type="text"/>	(DD/MM/YYYY)
	xxv	E-mail ID	<input type="text"/>	

Attachments

List of attachments

- (1) Declaration by first director
- (2) Declaration of the appointee director in Form No. DIR-2;
- (3) Notice of resignation;
- (4) Evidence of cessation;
- (5) Interest in other entities;
- (6) Optional attachment(s) - if any.

Attach	MBP1_scanned_rajiv.pdf CTC_BR_RAJIV_appointment.pdf dir2_rajiv.pdf
Attach	
Attach	
Attach	
Attach	
Attach	
Remove attachment	

Declaration

I

- A person named in the articles as a of the company (in case if a new company) or
- authorized by the Board of Directors of the Company vide number dated

to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

* To be digitally signed by 

* Designation

* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the secretary

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that:

- The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order ;
- All the required attachments have been completely and legibly attached to this form;
- It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any found at any stage.

* To be digitally signed by 

- 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

Certificate of Practice Number

Modify	Check Form	Prescrutiny	Submit
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This eForm has been taken on file maintained by the Registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.

MINISTRY OF CORPORATE AFFAIRS**RECEIPT****G.A.R.7****SRN : G88638473****Service Request Date : 04/06/2018****Payment made into : ICICI Bank****Received From :****Name :** PRABHAKAR C**Address :** BP AND ASSOCIATES, Company Secretaries

New No.74, Old No.62, Akshaya Flats 12th Avenue, Ashok Nagar

Chennai, Tamil Nadu

India - 600083

Entity on whose behalf money is paid**CIN:** U65910TN1989PLC017021**Name :** NORTHERN ARC CAPITAL LIMITED**Address :** No. 1, Kanagam Village, 10th Floor

IITM Research Park, Taramani

Chennai, Tamil Nadu

India - 600113

Full Particulars of Remittance**Service Type:** eFiling

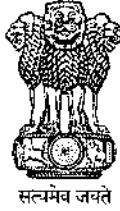
Service Description	Type of Fee	Amount(Rs.)
Fee For Form DIR-12	Normal	600.00
	Additional	1200.00
	Total	1800.00

Mode of Payment: Internet Banking - ICICI Bank**Received Payment Rupees:** One Thousand Eight Hundred Only

Note -The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar, then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 10 of the Companies (Registration offices offices and Fees) Rules, 2014)

FORM NO. DIR-12

[Pursuant to sections 7(1) (c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Particulars of appointment of directors and the key managerial personnel and the changes among them

Form Language English Hindi

Refer the instruction kit for filing the form.

1. This form is for New company existing company

2. (a) Corporate Identity Number (CIN) of company

U65910TN1989PLC017021

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

NORTHERN ARC CAPITAL LIMITED

(b) Address of the registered office of the company

No. 1, Kanagam Village, 10th Floor
IITM Research Park, Taramani
Chennai
Tamil Nadu
600113
India

(c) E-mail ID of the company

sruvidhya.r@northernarc.com

4. Number of Managing director or director(s) for which the form is being filed

1

5. Details of the Managing Director, directors of the company

1 Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

06796232

Pre-fill

ii Name

SALIM GANGADHARAN

iii Father's name

PADMANABHAN GANGADHARAN

iv Present residential address

C-26, RNP LANE,
SASTHAMANGALAM P.O, VELLAYAMBALAM,
TRIVANDRUM
Kerala
India
695010

v Nationality

IN

vi Date of birth

13/10/1953

vii Gender

Male

viii Appointment Cessation Change in designation

x Date of Appointment or
change in designation

30/04/2018

ix Designation

Additional director

(DD/MM/YYYY)

xi Category

Independent

xii Whether Chairman, Executive Director, Non-Executive Director

Chairman

Executive director

Non Executive Director

xiii DIN of such director to whom appointee is alternate

Pre-fill

xiv Name of the director to whom such
appointee is alternate

xv Name of the company or institution whose nominee the
appointee is

xvi E-mail ID of director salimgrbi@gmail.com

xvii In case of cessation

Hereby confirmed that the above mentioned Director Managing director xviii is not associated with the company
with effect from (DD/MM/YYYY) xix due to

xx Interest in other entities

xxi Number of such entities

3

xxii * CIN/LLPIN/FCRN/Registration number

L65191KL1929PLC001017

Pre-fill

xxiii * Name

THE SOUTH INDIAN BANK LIMITED

xxiv * Address

S I B HOUSE MISSION QUARTERST B ROAD
THRISSUR
Kerala
680001
India

xxv Nature of interest

xxvi * Designation

Director

xxvii Percentage of Shareholding

xxviii Amount

xxix Others (specify)

6. Number of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer for which the form is being filed

7. Details of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer of the company

1	i Director Identification Number (DIN), if any	<input type="text"/>	<input type="button" value="Pre-fill"/>
	ii Income Tax permanent account number (PAN)	<input type="text"/>	<input type="button" value="Verify Details"/>
	iii <input type="radio"/> Appointment <input type="radio"/> Cessation		
	iv Membership number of the secretary	<input type="text"/>	
	v First Name	<input type="text"/>	
	vi Middle Name	<input type="text"/>	
	vii Last Name	<input type="text"/>	
	viii Father's name		
	ix First Name	<input type="text"/>	
	x Middle Name	<input type="text"/>	
	xi Last Name	<input type="text"/>	
	xii Present residential address	xiii Line I	<input type="text"/>
		xiv Line II	<input type="text"/>
	xv City	<input type="text"/>	
	xvi State	<input type="text"/>	xvii Pin Code <input type="text"/>
	xviii ISO Country Code	<input type="text"/>	
	xix Country	<input type="text"/>	
	xx Phone	<input type="text"/>	xxi Fax <input type="text"/>
	xxii Date of birth	<input type="text"/>	(DD/MM/YYYY)
	xxiii Designation	<input type="text"/>	
	xxiv Date of Appointment or cessation	<input type="text"/>	(DD/MM/YYYY)
	xxv E-mail ID	<input type="text"/>	

Attachments

List of attachments

- (1) Declaration by first director
- (2) Declaration of the appointee director in Form No. DIR-2;
- (3) Notice of resignation;
- (4) Evidence of cessation;
- (5) Interest in other entities;
- (6) Optional attachment(s) - if any.

Attach

Attach

Attach

Attach

Attach

Attach

MBP1_Salim_18_19.pdf
 CTC_BR_Salim_appointment.pdf
 DIR2_Salim.pdf

Remove attachment

Declaration

I

- A person named in the articles as a of the company
 (in case if a new company) or
- authorized by the Board of Directors of the Company vide
 number dated

to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

* To be digitally signed by 

* Designation

* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the secretary

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that:

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- It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any found at any stage.

* To be digitally signed by 

- 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

Certificate of Practice Number

Modify

Check Form

Prescrutiny

Submit

This eForm has been taken on file maintained by the Registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.