

FORM EES, 2010

Application for striking off the name of company under the Easy Exit Scheme (EES), 2010

[Pursuant to Easy Exit Scheme, 2010]

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

To
The Registrar of Companies

Sir/ Madam,

The company after carefully considering all aspects has duly resolved in the Board meeting held on* (DD/MM/YYYY) to make an application for striking the name of our company off the Register u/s 560 of the Companies Act, 1956.

I, hereby make an application for striking the name of the company off the Register u/s 560 of the Companies Act, 1956.

I furnish the following details for consideration of the application

1. (a) *Corporate identity number (CIN) of the company
- (b) Global location number (GLN) of company
- (c) Name of the company
- (d) Address of the registered office of the company
- (e) *e-mail ID of the company
- (f) Date of incorporation of the company (DD/MM/YYYY)
2. (a) *Whether the company is listed or not Yes No
- (b) *Whether the company has been delisted in last three years Yes No
3. (a) *Whether the company is a Collective Investment Management Company (CIMC) Yes No
- (b) *Whether the company is a plantation company Yes No
- (c) If company is registered with Securities and Exchange Board of India (SEBI), enter registration number
4. (a) *Whether the company is a Non Banking Financial Company (NBFC) Yes No
- (b) If company is registered with Reserve Bank of India (RBI), enter registration number
5. *Whether the company is a venture capital company Yes No

6. Details of director(s), Managing Director, manager, secretary of the company

*Number of director(s), Managing Director, manager, secretary

(In case of director or Managing Director, enter Director identification number (DIN) if available. Otherwise provide Income-tax permanent account number (Income-tax PAN) or passport number)

I.	<input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	*Designation <input type="text"/>	
	*Name <input type="text"/>	
	*Present residential address	
	Line I <input type="text"/>	
	Line II <input type="text"/>	
	City <input type="text"/> State <input type="text"/> ISO country code <input type="text"/>	
	Country <input type="text"/> Pin code <input type="text"/>	
II.	<input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Designation <input type="text"/>	
	Name <input type="text"/>	
	Present residential address	
	Line I <input type="text"/>	
	Line II <input type="text"/>	
	City <input type="text"/> State <input type="text"/> ISO country code <input type="text"/>	
	Country <input type="text"/> Pin code <input type="text"/>	
III.	<input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Designation <input type="text"/>	
	Name <input type="text"/>	
	Present residential address	
	Line I <input type="text"/>	
	Line II <input type="text"/>	
	City <input type="text"/> State <input type="text"/> ISO country code <input type="text"/>	
	Country <input type="text"/> Pin code <input type="text"/>	
IV.	<input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Designation <input type="text"/>	
	Name <input type="text"/>	
	Present residential address	
	Line I <input type="text"/>	
	Line II <input type="text"/>	
	City <input type="text"/> State <input type="text"/> ISO country code <input type="text"/>	
	Country <input type="text"/> Pin code <input type="text"/>	

7. *Brief description of main objects of the company as per Memorandum of Association (MoA)

8. *Brief description of main business last carried out by the company

9. *Whether there are litigation(s) pending against or involving the company

Yes No

If yes, provide details

10. *Whether the application is being digitally signed by Managing Director, director, manager or secretary of the company. If No, attachment at serial number 5 is mandatory Yes No

11. I hereby confirm that:

- * there is no inspection or investigation ordered and carried out or yet to be taken up against the company or where completed, there is no prosecution pending in the court arising out of such inspection or investigation
- * reply is not pending in respect of any order issued u/s 234 of the Act to the company or where action completed, no prosecution is pending in the court
- * there is no prosecution for any non-compoundable offence pending in court against the company
- * the company is not having any public deposits which are either outstanding or the company is in default in repayment of the same
- * the company is not having any secured loans
- * there is no management dispute in the company
- * filing of documents has not been stayed by Court or Company Law Board (CLB) or Central Government or any other competent authority
- * the company does not have any dues towards Income Tax/ Sales Tax/ Central Excise/ Banks and Financial institutions or any other Central or State Government Departments/ Authorities or any Local Authorities.

- * 12. I/ We shall be liable under section 628 of the Companies Act, 1956 and under relevant provisions of the Indian Penal Code and any other law as applicable if I/ we make any statement in this application (including attachments)-
- (a) which is false in any material particular, knowing it to be false; or
 - (b) which omits any material fact knowing it to be material

13. Details of assets and liabilities as given in the statement of accounts (As per annexure C of the Scheme)

*Statement of account as on (DD/MM/YYYY)

Particulars	Amount (in Rs.)
I. Source of funds	
(a) *Share capital	
(b) *Reserves and surplus (including balance in Profit and Loss Account)	
(c) Secured loans	
(d) *Debentures	
(e) *Unsecured loans	
(f) Public deposits	
(g) Total loan funds (Sum of (c) to (f))	
(h) *Others (Please specify)	
<input type="text"/>	
(i) Total of (a), (b), (g), (h)	
II. Application of funds	
(a) *Fixed assets	
(b) *Investments	
(c) *Current assets, loans and advances	
(d) Current liabilities and provisions	
(i) *Creditors	
(ii) *Unpaid dividend	
(iii) *Payables	
(iv) *Others	
(v) Total current liabilities and provisions	
(e) Net current assets [(c) - (d)]	
(f) *Miscellaneous expenditure to the extent not written off or adjusted	
(g) *Profit and loss account (debit balance)	
(h) *Others (Please specify)	
<input type="text"/>	
(i) Total of (a), (b), (e) to (h)	

Attachments

1. *A duly certified statement of account by a chartered accountant in whole-time practice or statutory auditor of the company (As per annexure C of the Scheme)	<input type="button" value="Attach"/>	<div style="border: 1px solid black; padding: 5px;">List of attachments</div> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <div style="text-align: right;"><input type="button" value="Remove attachment"/></div>
2. *Copy of Board resolution showing authorisation given for filing this application	<input type="button" value="Attach"/>	
3. *Affidavit (to be given individually by director(s)) (As per annexure A of the Scheme)	<input type="button" value="Attach"/>	
4. *Indemnity bond (to be given individually or collectively by director(s) (As per annexure B of the Scheme)	<input type="button" value="Attach"/>	
5. In case application is not digitally signed by the company representative, copy of application duly signed by the director, Managing Director, manager or secretary	<input type="button" value="Attach"/>	
6. Copy of no objection certificate (NOC) from concerned administrative Ministry/ Department/ State Government (in case of a government company)	<input type="button" value="Attach"/>	
7. Optional attachment(s)	<input type="button" value="Attach"/>	

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 sign and submit this application.

To be digitally signed by

Managing Director or director or manager or secretary

Designation

Director identification number of the director or Managing Director; or Income-tax permanent account number (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 (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 application.

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)

ANNEXURE-A

AFFIDAVIT

(to be given individually by every director)

1. I/, Director of _____, (hereinafter called "the Company"), incorporated on ___/___/___ under the Companies Act, 1956 having its Registered Office at _____ and having CIN No _____ do solemnly affirm and state as under:

2. I/ _____, S/o/ D/o Shri/ Smt _____, holder of DIN /Income Tax PAN /Passport number: _____ (copy of Income Tax PAN /Passport duly attested by a Gazetted Officer or a whole time practicing professional (Chartered Accountant/ Company Secretary/Cost Accountant) or a Company Secretary in full time employment of the company is enclosed) am Director of the company stated above since _____ (mention date of appointment).

3. My present residential address is _____ (Copy of documentary evidence duly attested by a Gazetted Officer or a whole time practicing professional (Chartered Accountant/ Company Secretary/Cost Accountant) or a Company Secretary in full time employment of the company is enclosed. Alternatively, an affidavit sworn before Magistrate may be enclosed)

4. My permanent address is _____ (Copy of documentary evidence duly attested by a Gazetted Officer or a whole time practicing professional (Chartered Accountant/ Company Secretary/Cost Accountant) or a Company Secretary in full time employment of the company is enclosed. Alternatively, an affidavit sworn before Magistrate may be enclosed)

5. The company maintains/does not maintain any bank account as on date (mention details of Bank Account(s) if maintained).

6. I affirm that the Company _____ (mention name of the company) have assets and liabilities amounting to Rs. _____ (as per annexed Statement of Accounts).

7. The Company has been inoperative from the date of its incorporation / The company commenced business/operations/commercial activity after

incorporation but has been inoperative for the past _____
year(s) due to following reasons*_____

(Give the reasons here)

8. As on date, the Company does not have any dues towards Income Tax / Sales Tax / Central Excise/ Banks and Financial Institutions; any other Central or State Government Departments/Authorities or any Local Authorities.

9. Strike out whichever is not applicable:-

(i) There is no litigation pending against or involving the company.

(ii) There are litigations pending against the company, details of which are mentioned under serial number 9 of Form EES 2010.

10. In case of any loss(es) to any person or any valid claim and liability arising from any person after the striking off the name of the Company_____ (mention name) from the Register of Companies, I, the director of the company, undertake to indemnify any person for such losses, valid claim and liability and the indemnity bond to this effect is being submitted separately with the application Form.

I solemnly state that the contents of this affidavit are true to the best of my knowledge and belief and that it conceals nothing and that no part of it is false.

Signature: _____

(Deponent)

Verification:-

I verify that the contents of this affidavit are true to the best of my knowledge and belief.

Place : _____

Signature : _____

(Deponent)

Date: _____

INDEMNITY BOND

(to be given individually or collectively by every director)

To

The Registrar of Companies,

1. I/ We, the director (s) of _____
(mention name of the company), incorporated on ___/___/_____ under the
Companies Act, 1956, having its Registered Office at _____
_____ do hereby declare that:

2. I/ We _____, S/o D/o Shri/Smt _____
am/are Director (s) of this company.

3. That I/We have made an affidavit dated the _____, duly sworn
before First Class Judicial Magistrate or Executive Magistrate or Oath
Commissioner or Notary, affirming that the Company
_____Private/ Limited have assets and liabilities
amounting to Rs._____.

4. Further, the Company has been inoperative from the date of its
incorporation. / The company commenced business/operations/commercial
activity after incorporation but has been inoperative for the past
_____ year(s)*. And the company is not intending to do any
business or commercial activity. Thus the Company is defunct and I request
the Registrar of Companies, _____ to strike off the name of the
Company from the Register of Companies under Section 560 of the
Companies Act, 1956.

* Strike out whichever is not applicable.

5. I/We do hereby undertake and indemnify in writing:

(a) to pay and settle all lawful claims arising in future after the
striking off the name of the Company.

(b) to indemnify any person for any losses that may arise pursuant to
striking off the name of the Company.

(c) to settle all lawful claims and liabilities which have not come to our notice up to this stage, even after the name of the Company has been struck off in terms of Section 560 of the Companies Act, 1956.

Place: (Name, Father's name, Address & Signature)

Date: (To be given by every director)

WITNESSES:

1. Signature:

Name:

Father's name:

Address:

Occupation:

2. Signature:

Name:

Father's name:

Address:

Occupation:

Statement of Account

Name of the Company:

CIN No.

Statement of Account as on date: :

Particulars : (Brief break up in respect of each item needs to be given).

Amount (Rs.)

I. Sources of Funds

(1) Capital

(2) Reserves & Surplus (including balance in Profit and Loss Account)

(3) Loan Funds

Secured loans from Financial Institutions

Secured loans from Banks

Secured loans from Govt.

Others Secured loans

Debentures

Unsecured Loans

Deposits & interest thereon

Total Loan Funds

Total of (1) to (3)

II. Application of Funds

(1) Fixed Assets

(2) Investments

(3) (i) Current Assets, loans and Advances

Less : (ii) Current Liabilities & provisions

Creditors

Unpaid Dividend

Payables

Others

Total Current Liabilities &

