

**Form No. MGT.3**

Form language

English

Hindi

**Notice of situation or change of situation or discontinuation of situation,  
of place where foreign register shall be kept**

[Pursuant to section 88(4) of The Companies Act, 2013 and pursuant to rule 7(2) of The Companies  
(Management and Administration) Rules, 2014]

Refer instruction kit for filing the form

All fields marked in \* are mandatory



सत्यमेव जयते

**Company Information**

1 \*Corporate Identity Number (CIN)

2 (a) \*Name of the company

(b) \*Registered office address

(c) \*Email id of the company

**Notice type**

3 \*This notice is in respect of

- Situation of office where foreign register is kept  
 Change of situation of office where foreign register is kept  
 Discontinuance of maintenance of foreign register

4 \*Foreign register relates to

- Members  Debenture holders  Other security holders  Beneficial

owners

**Part A: Notice of situation of office where foreign register is kept**

(applicable in case option 1 'Situation of office where foreign register is kept' is selected in data field 3)

5 Notice is hereby given that the foreign register shall be kept with effect from  
at Address

Address Line 1

Address Line 2

Country	<input type="text"/>
Pin Code/Zip Code	<input type="text"/>
Area/Locality	<input type="text"/>
City	<input type="text"/>
District	<input type="text"/>
State/UT	<input type="text"/>
Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>

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**Part B: Notice of change of situation where foreign register is kept**

*(applicable in case option 2 'Change of situation of office where foreign register is kept' is selected in data field 3)*

5 Notice is hereby given that the foreign register shall be kept with effect from   
at Address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Country	<input type="text"/>
Pin Code/Zip Code	<input type="text"/>
Area/Locality	<input type="text"/>
City	<input type="text"/>
District	<input type="text"/>
State/UT	<input type="text"/>
Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>

6 Existing situation of the office where the foreign register is kept at Address

Address Line 1	<input type="text"/>
	<input type="text"/>

Address Line 2

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

7 Purpose of changing such office

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**Part C: Notice of discontinuance of maintenance of foreign register**

*(applicable in case option 3 'Discontinuance of maintenance of foreign register' is selected in data field 3)*

6 Existing situation of the office where the foreign register is kept at Address

Address Line 1

Address Line 2

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

8 Reason for such discontinuance

9 Date of discontinuance of office (as applicable) (DD/MM/YYYY)

**Declaration**

I am authorised by the Board of Directors of the Company vide resolution no\*   
dated \*

to sign this form and declare that all the requirements of the Companies Act 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental there to 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**

DSC BOX

**\*Designation**

*(Director/Manager/CEO/CFO/Company secretary)*

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

Save

Submit

**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.**

**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 company**

**For office use only:**

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)



(b) for Form No.MGT-14, the following Form shall be substituted, namely:-

## Form No. MGT.14

**Filing of Resolutions and agreements to the Registrar**  
[Pursuant to 117(1) of The Companies Act, 2013 and  
Rule 24 of The Companies (Management and  
Administration) Rules, 2014]



Form language

English

Hindi

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*

### Company Information

1 (a) \*Corporate Identity Number (CIN)

2 (a) \*Name of the Company

(b) \*Address of the registered office of the company

(c) \*Email ID of the company

### Type and details of resolution

3 \*Registration of

Resolution(s)

Agreement

Postal ballot resolution(s) under Section 110

4 (a) Date of dispatch of notice for passing of resolution(s) (DD/MM/YYYY)

(b) Date of passing of resolution(s) (DD/MM/YYYY)

5 (a) Date of dispatch of notice for passing of postal ballot resolution(s) (DD/MM/YYYY)

(b) Date of passing of postal ballot resolution(s)

### Information about resolution

6 Number of resolution(s) for which the form is being filed

I. Details of the resolution

(a) (i) Purpose of passing the resolution

(a) (ii) Type of allotment of securities

i Issue of sweat equity shares  
employees stock option

ii Issue of further shares to employees under scheme of

iii Preferential or Private allotment  
debentures into shares

iv Issue of debentures with an option to convert such

v Issue of bonus shares

vi Issue of preference shares

vii Others

(b) (i) Section of the Companies Act, 2013 under which passed

(b) (ii) Section of the Insolvency and Bankruptcy Code, 2016 under which passed

(c) (i) If others, Mention the section of the Companies Act, 2013 under which passed

(c) (ii) If others, Mention the purpose of passing the resolution

(d) (i) If others, Mention the section of the Insolvency and Bankruptcy Code, 2016  
under which passed

(d) (ii) If others, Mention the purpose of passing the special resolution

(e) Subject matter of the resolution

(f) Mention whether resolution passed by postal ballot

Yes

No

(g) Indicate the authority passing or agreeing to the resolution

Board of directors

Shareholders

Class of shareholders

Creditors

(h) Whether ordinary or special resolution or with requisite majority

Ordinary resolution

Special resolution

Requisite majority

**Purpose of filing (Alteration in object Clause)**

7 (a) Is there any change in the industrial activity of the company  
No

Yes

(b) Search and select industry sub-class

Search

(c) Main Sub-class of industrial activity of the company

Search

(d) Description of the main sub-class

**8 Provide the following details of liquidation**

(a) Date of commencement of voluntary liquidation (DD/MM/YYYY)

(b) Number of liquidator (s)

(c) Details of Liquidator

(i) Name

(ii) income-tax permanent account number (Income-tax PAN)

(iii) IBBI Registration No.

(iv) Mobile No.

(v) Email ID

(vi) Address

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/ UT

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**9 Details of agreement**

(a) Date of agreement

(b) Mention the section of the Companies Act, 2013 under which the agreement is entered

(c) Mention the purpose for which the agreement is entered

(d) Subject matter of the agreement

(e) Indicate the authority adopting the agreement

Board of directors  
Creditors

Shareholders

Class of shareholders

10 Service request number(SRN) of Form INC-28

11 Service request number(SRN) of RUN Form

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**Attachments**

1 Copy(s) of resolution(s) along with copy of explanatory statement under section 102

Max 2 MB

Choose File

Remove

Download

2 Copy of agreement

Max 2 MB

Choose File

Remove

Download

3 Optional attachment(s) - if any

Max 2 MB

Choose File

Remove

Download

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**Declaration**

I am authorised by the Board of Directors of the Company vide resolution no \*   
dated (DD/MM/YYYY) \*

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 further declare that:

1 Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the company.

2 All the required attachments have been completely and legibly attached to this form. It is also certified that copy of the resolution(s) or agreement(s) filed herewith is or are a true copy(s) of the original.



3 Any application, writ petition or suit had not been filed regarding the matter in respect of which this petition/application has been made, before any court of law or any other authority or any other Bench or the Board and not any such application, writ petition or suit is pending before any of them.

I further declare that .....

"The amendments done in Articles of Association ('AoA') and / or Memorandum of Association ('MoA') are restricted to the purpose(s) selected in the form above.

**\*To be digitally signed by**

DSC BOX

**\*Designation**

*(Director/ Manager/ Secretary/Company Secretary/CEO/CFO/ Insolvency Resolution professional (IRP)/ Resolution professional (RP)/Liquidator)*

**\*Name of Director/ Manager/ Secretary/Company Secretary/CEO/CFO/ IRP/RP/liquidator**

**\*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO or Interim Resolution Professional (IRP) or Resolution Professional (RP) or Liquidator; or Membership number of the Company secretary**

#### **Certificate by Practicing Professional**

I declare that I have been duly engaged for the purpose of certification of this form, it is here by 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 then to be true, correct and complete and no information material to this form has been suppressed. I further verify that:

i 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;

ii All the required attachments have been completely and legibly attached to this form.

**To be digitally signed by**

DSC BOX

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

Save

Submit

**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.**

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eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**Digital signature of the authorising officer**

This eForm is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)

[F. No. 01/34/2013 CL-V (Pt-III)]

*Manoj*  
MANOJ PANDEY, Joint Secretary,

Note: The principal notification was published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i) *vide* number G.S.R. 260(E) dated 31st March, 2014 and lastly amended, *vide* number G.S.R.279 (E) dated 6<sup>th</sup> April, 2022.