

“Form No. INC-22A

ACTIVE (Active Company Tagging Identities and Verification)
[Pursuant to Rule 25A of the Companies (Incorporation) 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) *Registered office address (Photo of the Registered Office also showing therein at least one Director(s)/ KMP who has affixed his/her Digital Signature to this form is mandatory)	
(i) *Longitude	
(ii) *Latitude	
(c) *E-mail ID of the company	
*OTP	
	Send
	Verify
3 *Whether the company is listed	☐ Yes ☐ No

Particulars of directors

4 (a) *Number of directors

(b) The Maximum Number of Directors are beyond limits prescribed in Companies Act, 2013 based on resolution dated (DD/MM/YYYY)* filed vide SRN of Form No. MGT-14 *

5 List of Directors as on date of filing

S. No.	DIN	Name of Director	Status of DIN
1			
2			
3			
4			

(Before filing Active Company Tagging Identities and Verification (ACTIVE) eForm, please ensure that the DINs of all Directors are in 'approved' status and are neither 'De-activated due to non-filing of DIR-3 KYC' nor 'Disqualified u/s 164(2)')

6 Details of statutory auditor(s)

(a) *Number of auditor(s) appointed

*Category of Auditor

☐ Auditor's Firm ☐ Individual

*Income Tax permanent account number of auditor or auditor's firm

*Name of the auditor or auditor's firm

*Membership Number of auditor or auditor's firm's registration number

Period of account for which appointed

*From (DD/MM/YYYY)

* To (DD/MM/YYYY)

Details of cost auditor(s)

7 (a) *Whether the company is required to appoint Cost Auditor

☐ Yes ☐ No

(b) *Number of cost auditor(s)

*Category of Auditor

☐ Individual ☐ Partnership Firm ☐ Limited Liability partnership

*Membership number of the Cost Auditor/ member representing the Cost Auditor's Firm/LLP

*Name of the cost auditor or member representing the firm/LLP

Firm Registration Number (FRN) of the Cost Auditor/Cost Auditor's firm/LLP

Name of the Cost auditor's firm/LLP

Financial year to be covered by the cost auditor(s)

*From (DD/MM/YYYY)

* To (DD/MM/YYYY)

8 Details of the Managing director or Chief Executive Officer (CEO) or Manager or Whole-time Director of the company

(a)* Number of roles

DIN/PAN

Name

Designation

(b) Whether the company has Managing Director or CEO

☐

Yes

☐

No

9 Details of Company Secretary of the company, if applicable

(a) *PAN

(b) *Name

(c) *Membership Number

10 Details of the Chief Financial Officer (CFO) of the company, if applicable

(a) *PAN

(b) *Name

Other Details

11 Details of forms AOC-4/AOC-4 XBRL and MGT-7 filed for FY 2017-18

*SRN of AOC-4/ AOC-4 XBRL

(b) *SRN of MGT-7

Attachments

(a) *Photograph of Registered Office showing external building and inside office also showing therein at least one director/KMP who has affixed his/her Digital Signature to this form

Max 2 MB

Choose

Remove

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(b) Optional attachment(s), if any

Max 2 MB

Choose

Remove

Download

Declaration

I hereby declare that the registered office is situated in the address mentioned above, the details of directors, KMP, auditors are presently associated with the company are correct.

Verification

I, hereby confirm and verify that the particulars given in the Form herein above are true and also are in agreement with the documents maintained by the company.

To be digitally signed by one director in case of OPC.

To be digitally signed by one director and one KMP or two directors in case of other than OPC

*Designation (*Director*)



DSC BOX

*DIN

Designation

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



DSC BOX

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/verification of this form. It is hereby certified that:

☐ *I have satisfied myself about the identity of the company and its address based on the perusal of the original of the attached document.

☐ *All required attachments have been completely attached to this application

☐ *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 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:

☐ *E-mail ID belongs to the Company.

☐ *All the required attachments have been completely and legibly attached to this form;

☐ *I have kept a copy of this form and attachments thereto, in my records for further reference.

☐ *It is understood that I shall be liable for action under section 448 of the Companies Act, 2013 for wrong certifications, if any found at any stage.

***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

Note: Attention is drawn to the provisions of sections 7(5) and 7(6) which, inter-alia, provides that furnishing of any false or incorrect particulars of any information or suppression of any material information shall attract punishment for fraud under section 447. Attention is also 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 Director and Professional.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

[F. No. 01/13/2013-CL-V, Vol.VI]

BALAMURUGAN D, Jt. Secy.