Form No. INC-28

सत्यमेव जयते

Form language

English Hindi

Notice of Order of the Court or Tribunal or any other competent authority
[Pursuant to Section 12(6), 13(7), 48(4), 58(5), 87, 111(3), 66(5), 230(8), 232, 233(7), 234, 237, 252(2), 441 and others of the Companies Act, 2013 and Section 17(1), 81(4), 107(3), 167, 186, 391, 394(1), 396, 397, 398, 445, 466, 481, 518, 559, 621A, Amalgamation- Others and others of the Companies Act, 1956 and Section 7, 9, 10, 12A, 22(3), 31, 33, 54, 59(8) and others of the Insolvency and Bankruptcy Code, 2016]

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Company Information

1 (a) *Corporate Identity Number (CIN) or Foreign Company Registration Number (FCRN)

2 (a) *Name of the Company

(b) *Address of the registered office of the company or of the principal place of business in India of the company

(c) *Email ID of the company

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3 (a) *Order passed by
(Court/ NCLT/Central Government/NCLAT/BIFR/ Debt Recovery Tribunal (DRT) Any other competent authority)

(b)(i) Name of Court

(ii) Name of the Central Government office

(iii) Name of the Debt Recovery Tribunal

(iv) Name of the competent authority

(c) *Location

(c)(i) Others (please specify the bench name)

(d) *Petition or application number

(e) *Order number

4 *Date of passing the order(DD/MM/YYYY)

5 (a) *Relevant act under which order is passed
(The Companies Act, 2013 / The Companies Act, 1956
Insolvency and Bankruptcy Code, 2016)

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

(ii) Section of the Companies Act,1956 under which order passed

(iii) Section of Insolvency and Bankruptcy Code, 2016 under which order passed

(c) If others, mention the section of the Act

(d) Brief description of the applicable section

6 Number of days within which order is to be filed with Registrar

(To be entered pursuant to aforesaid sections or in terms of court order or Tribunal order or order of the competent authority, as the case may be)

7 Date of application to court or Tribunal or the competent authority for issue of Certified copy of order(DD/MM/YYYY)

8 Date of issue of certified copy of order (DD/MM/YYYY)

9 *Due date by which order is to be filed with Registrar (DD/MM/YYYY)

10(a) In case of compounding of offence, enter Service request number SRN(s) of Form 61

(b) SRN of the relevant form

Form Number
(CHG-4/CHG-8/ INC-23/MGT-14/ GNL-1/ Others)

If others, please specify

SRN of the relevant form

SRN of CHG-4

(c) Date of special resolution under section 66 of the Companies Act, 2013 (DD/MM/YYYY)

11 (a) Whether penalty involved or not ○ Yes ○ No

(b) If Yes, SRN of payment of penalty

Details of amalgamation

12 (a) In case of amalgamation, mention whether company filing the form is transferor or transferee

○ Transferor ○ Transferee

(b) Whether Transferee company is a company incorporated outside India ○ Yes ○ No

(c) Whether the order provides for increase in authorised share capital of the transferee company? ○ Yes ○ No

(d) Details of transferee company

CIN/FCRN

Name

Appointed date of amalgamation

Details of transferor company(s)

(e) Number of transferor company(s)

Category of transferor company	**CIN or FCRN or any other registration number**	**Name**	**Appointed date of amalgamation**	**SRN of Form INC-28**
(f)	**(g)**	**(h)**	**(i)**	**(j)**

13 Authorised Share capital details

13A Details of Authorised share capital of the Transferor company

Name of the transferor company

Type of shares	Class of shares	Nominal value	Existing number of shares	Total
Unclassified shares				
Total share capital				

13B Details of Authorised share capital of the Transferee company

Name of the transferee company

			Before amalgamation		After amalgamation	
Type of shares	**Class of shares**	**Nominal value**	**Existing number of shares**	**Total**	**Revised number of shares**	**Total**
Unclassified shares						
Total share capital						

Add row Delete row

14 In case of winding up, provide following details

14 (a) Date of commencement of winding up under section 445 of The Companies Act, 1956(DD/MM/YYYY)

(b) Details of the liquidator

Income-tax permanent account number (Income-tax PAN) of the liquidator

Name of Liquidator

Address

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/ UT

15 Date with effect from which winding up proceedings have been stayed under section 466 of The Companies Act, 1956

16 Date of dissolution under section 481 of the Companies Act, 1956(DD/MM/YYYY)

17 (a) Date with effect from which dissolution has been declared as void under section 559 of The Companies Act, 1956

(b) Whether the order is in respect of company dissolved under section 394 of The Companies Act, 1956 ○ Yes ○ No

If yes, provide details of the transferor company whose dissolution has been declared as void

CIN or FCRN

Name

Date of amalgamation(DD/MM/YYYY)

18 The paid up share capital of the company has been reduced from

Type of shares	Class of shares	Nominal value	Existing number of shares	Whether revision required	Reduction in number of shares	Revised number of shares	Existing total value	Revised total value	Total value of reduction
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)

Add row Delete row

19 Details of Interim Resolution Professional (IRP)/ Details of Resolution Professional (RP) / Details of Liquidator

(a) Income-tax permanent account number (Income-tax PAN)

(b) IBBI Registration No.

(c) Name

(d) Mobile (with country code)

(e) Email ID

(f) Address

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/ UT

Attachments

1 *Copy of order of Court/ NCLT/ NCLAT/ BIFR/ Central Government/ DRT / any other Competent Authority — Max 2 MB | Choose File | Remove | Download

2 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 I declare that all the requirements of the companies Act,2013 and rules thereunder in respect of the subject matter of this form and matters incidental thereto have been compiled 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, correctly and legibly attached to this form.

***To be digitally signed by** — DSC BOX

Particulars of person signing the form

*Name

*Designation

(*Director/ Managing director/Manager/ Secretary/AuthorisedRepresentative/ Liquidator /Interim Resolution Professional (IRP)/Resolution Professional (RP)/Others)*

Capacity

*DIN or Income-tax PAN or Membership number

Certificate by Practicing Professional

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 records maintained by the Company 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.

- Chartered accountant (in whole-time practice) or
- Cost accountant (in whole-time practice) or
- Company secretary (in whole-time practice)

To be digitally signed by

DSC BOX

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.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

This eForm is hereby registered

Digital signature of the authorising officer

DSC BOX

Date of signing (DD/MM/YYYY)