

# FORM 21

Notice of the court or the company law board order or any other competent authority

[Pursuant to section 17(1), 17A, 79,81(2), 81(4), 94A(2), 102(1), 107(3), 111(5), 141, 155, 167, 186, 391(2), 394(1), 396, 397, 398, 445, 466, 481, 559 and 621A of the Companies Act, 1956]

Form Language  English  हिन्दी

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

1.(a) \*Corporate identity number (CIN) or foreign company registration number (FCRN) of the company

(b) Global location number (GLN) of company

2.(a) Name of the company

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

(c) \*e-mail ID of the company

3.(a) \*Order passed by

(b) Name of the court or company law board (CLB) or any other competent authority

(c) \*Location

(d) \*Petition or application number

(e) \*Order number

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

5.(a) \*Section of the Companies Act under which order passed

(b) If others, mention

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 CLB order or order of the competent authority, as the case may be)

7. \*Date of application to court or CLB 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. In case of compounding of offence, enter Service request number (SRN)(s) of Form 61

11. In case of amalgamation, mention whether company filing the form is transferor or transferee  Transferor  Transferee

**(a) Details of transferee company**

CIN	<input type="text" value="U72900KA2000PTC027256"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text" value="EXCELSOFT TECHNOLOGIES PRIVATE LIMITED"/>	
Appointed date of amalgamation	<input type="text" value="01/01/2011"/>	(DD/MM/YYYY)

**(b) Details of transferor company(s)**

Number of transferor company(s)

I. Category of the transferor company

CIN or FCRN or any other registration number	<input type="text" value="U72900KA2006PTC040309"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text" value="HUPER LDT PRIVATE LIMITED"/>	
Appointed date of amalgamation	<input type="text" value="01/01/2011"/>	(DD/MM/YYYY)
SRN of Form21	<input type="text" value="B21429360"/>	

II. Category of the transferor company

CIN or FCRN or any other registration number	<input type="text"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text"/>	
Appointed date of amalgamation	<input type="text"/>	(DD/MM/YYYY)
SRN of Form21	<input type="text"/>	

III. Category of the transferor company

CIN or FCRN or any other registration number	<input type="text"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text"/>	
Appointed date of amalgamation	<input type="text"/>	(DD/MM/YYYY)
SRN of Form21	<input type="text"/>	

IV. Category of the transferor company

CIN or FCRN or any other registration number	<input type="text"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text"/>	
Appointed date of amalgamation	<input type="text"/>	(DD/MM/YYYY)
SRN of Form21	<input type="text"/>	

V. Category of the transferor company

CIN or FCRN or any other registration number	<input type="text"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text"/>	
Appointed date of amalgamation	<input type="text"/>	(DD/MM/YYYY)
SRN of Form21	<input type="text"/>	

12. In case of winding up, provide the following details

- (a) (i) Date of commencement of winding up under section 445  (DD/MM/YYYY)  
(ii) Income-tax permanent account number (Income-tax PAN)   
(iii) Name of liquidator   
(iv) Address of liquidator  
Line I   
Line II   
City   
State   
Country   
Pin code
- (b) Date with effect from which winding up proceedings have been stayed under section 466  (DD/MM/YYYY)  
(c) Date of dissolution under section 481  (DD/MM/YYYY)  
(d) (i) Date with effect from which dissolution has been declared as void under section 559  (DD/MM/YYYY)

(ii) Whether the order is in the respect of company dissolved under section 394  Yes  No

(iii) 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)

13.(a) SRN of relevant form   
(Mention the SRN of relevant Form 8, 10, 17, 18, 21, 23 or any other form; if applicable)

(b) Date of special resolution under section 102(1)  (DD/MM/YYYY)

14. \*Whether penalty involved or not  Yes  No

If yes, SRN of payment of penalty

#### Attachments

1. \* Copy of court order or company law board order or order by any other competent authority

2. Optional attachment(s) - if any

List of attachments

**Verification**

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete  
I have been authorised by the Board of directors' resolution number  dated   
to sign and submit this form. (DD/MM/YYYY)

I further confirm that the due balance sheets and annual return for the last five years in respect of the transferor company have been filed with the office of the Registrar of Companies(RoC)

To be digitally signed by

Particulars of the person signing and submitting the form



\* Name

Capacity

\* Designation

Director identification number of the director or Managing Director; or Income-tax PAN of the manager or liquidator; 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 form.

- 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)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)