

## Form No. INC-28



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

### 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	<input type="text"/>
(iii) Name of the Debt Recovery Tribunal	<input type="text"/>
(iv) Name of the competent authority	<input type="text"/>
(c) *Location	<input type="text"/>
(c)(i) Others (please specify the bench name)	<input type="text"/>
(d) *Petition or application number	<input type="text"/>
(e) *Order number	<input type="text"/>
4 *Date of passing the order(DD/MM/YYYY)	<input type="text"/>
5 (a) *Relevant act under which order is passed (The Companies Act, 2013 / The Companies Act, 1956 Insolvency and Bankruptcy Code, 2016)	<input type="text"/> ▼
(b)(i) Section of the Companies Act, 2013 under which order passed	<input type="text"/> ▼
(ii) Section of the Companies Act, 1956 under which order passed	<input type="text"/> ▼
(iii) Section of Insolvency and Bankruptcy Code, 2016 under which order passed	<input type="text"/> ▼
(c) If others, mention the section of the Act	<input type="text"/>
(d) Brief description of the applicable section	<input type="text"/>
6 Number of days within which order is to be filed with Registrar	<input type="text"/>
(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)	<input type="text"/>
8 Date of issue of certified copy of order (DD/MM/YYYY)	<input type="text"/>
9 *Due date by which order is to be filed with Registrar (DD/MM/YYYY)	<input type="text"/>
10(a) In case of compounding of offence, enter Service request number SRN(s) of Form 61	<input type="text"/>
(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				
<b>Total share capital</b>				

**13B Details of Authorised share capital of the Transferee company**

Name of the transferee company

Type of shares	Class of shares	Nominal value	Before amalgamation		After amalgamation	
			Existing number of shares	Total	Revised number of shares	Total
Unclassified shares						
<b>Total share capital</b>						

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	<input type="text"/>
Area/Locality	<input type="text"/>
City	<input type="text"/>
District	<input type="text"/>
State/ UT	<input type="text"/>
15 Date with effect from which winding up proceedings have been stayed under section 466 of The Companies Act, 1956	<input type="text"/>
16 Date of dissolution under section 481 of the Companies Act, 1956(DD/MM/YYYY)	<input type="text"/>
17 (a) Date with effect from which dissolution has been declared as void under section 559 of The Companies Act, 1956	<input type="text"/>
(b) Whether the order is in respect of company dissolved under section 394 of The Companies Act, 1956	<input type="radio"/> Yes <input type="radio"/> No
If yes, provide details of the transferor company whose dissolution has been declared as void	
CIN or FCRN	<input type="text"/>
Name	<input type="text"/>
Date of amalgamation(DD/MM/YYYY)	<input type="text"/>
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)	<input type="text"/>
(b) IBBI Registration No.	<input type="text"/>

(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

**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 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, 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/Authorised Representative/ 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)