

FORM NO. INC-22

[Pursuant to section 12(2) & (4) of The Companies Act, 2013 and Rule 25 and 27 of The Companies (Incorporation) Rules 2014]



Notice of situation or change
of situation of registered
office

Form Language

English

Hindi

Refer the instruction kit for filling the form.

1. * This form is for New company Existing company

2. * (a) Corporate identity number (CIN) of company or SRN of Form No. INC-1

(b) Global location number (GLN) of company

3. (a) Name of the company

(b) Address of the registered office of the company

(c) Name of the office of existing Registrar of Companies (RoC)

(d)* Purpose of the form Change within local limits of city, town or village
 Change outside local limits of city, town or village, within the same RoC and state
 Change in RoC within the same state
 Change in state within the jurisdiction of same RoC
 Change in state outside the jurisdiction of existing RoC

4. Notice is hereby given that

* (a) The address of the registered office of the company with effect from
 (DD/MM/YYYY) is
 The date of incorporation of company is

*Address Line I
Line II

* City
* District
* State/Union Territory
Country
* Pin code
* Phone (with STD Code) +91 -
* email ID

(b) * Registered Office is
 Owned by Company Owned by director(Not taken on lease by company)
 Taken on lease by company Owned by any other entity/Person (Not taken on lease by company)

(c) *Name of office of proposed RoC or new RoC

(d) Full address of the police station under whose jurisdiction the registered office is situated

* Name
* Address Line I
Address Line II
*City
State/Union Territory
* Pin code

(e) * Particulars of the Utility Services Bill depicting the address of the registered office (not older than two months)

Attachments

- (1)* Proof of Registered Office address
(Conveyance/Lease deed/Rent Agreement along with the rent receipts) etc.;
- (2)* Copies of the utility bills as mentioned above (not older than two months);
- (3)* A proof that the Company is permitted to use the address as the registered office of the Company if the same is owned by any other entity/ Person (not taken on lease by company);
- (4)*Copy of order of competent authority;
- (5) List of all the companies (specifying their CIN) having the same registered office address, if any;
- (6) Optional attachment, if any

Attach**Attach****Attach****Attach****Attach**

List of attachments

Remove attachment**Declaration**

I *

- A person named in the articles as a [redacted] of the company
- have been authorized by the Board of Directors of the company vide resolution number [redacted]
dated [redacted] 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 thereto 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.

It is hereby further certified that [redacted], a [redacted]
having Membership Number [redacted] and certificate of practice number [redacted]
certifying this form has been duly engaged for this purpose.

*** To be digitally signed by***** Designation**

* Director Identification Number of the director ; or
DIN or PAN of the manager or CEO or CFO; 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 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. I further certify that :

1. 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;
2. I have opened all the attachments to this Form and have verified these to be as per requirements, complete and legible;
3. I further declare that I have personally visited the registered office given in the form at the address mentioned herein above and verified that the said registered office of the company is functioning for the business purposes of the company.

*** To be digitally signed by**

- 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**

[redacted]	[redacted]
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Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement/certificate and punishment for false evidence respectively.

Modify**Check Form****Prescrutiny****Submit**

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For office use only:

Affix filing details

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

OR

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 filing company.