

9968399 021

**MINISTRY OF CORPORATE AFFAIRS**  
**CHALLAN**  
**G.A.R.7**

Civil

Challan No. : A35355908  
 Challan Date : 09-04-2008 Expiry Date : 16-04-2008

Challan of money paid into

RDC

HDFC

(BANK)

Saket

(BRANCH)

By Whom tendered

Name : Akhil Aggarwal  
 Address : C-76  
 BHAGAT SINGH COLONY  
 BALLABHGARH  
 Faridabad, Haryana  
 INDIA - 121101

Applied For

SINGDEEP ESTATE DEVELOPERS PRIVATE LIMITED

Full Particulars of Remittance

Service Description	Type Of Fee	Amount(Rs.)
Fee For Form18	Normal	200.00
<b>Total</b>		<b>200.00</b>

Head of Account : 1475001050000: Other general economic services, Regulation of Joint Stock Companies

Accounts Officer by whom adjustable : Pay &amp; Accounts Officer, Ministry of Corporate Affairs, New Delhi

(In words) Rupees: Two Hundred only

Mode of Payment: ☐ Cash ☐ Cheque/Demand Draft

Cheque/Demand Draft details: Instrument No. : ..... Dated : .....  
 Drawn on (Name of the Bank & Branch): .....

Date: 10-4-2008

Signature of the Remitter: 

(For Bank use only)

Received Payments (in words) Rs : .....

Date: .....

Bank Officer: .....

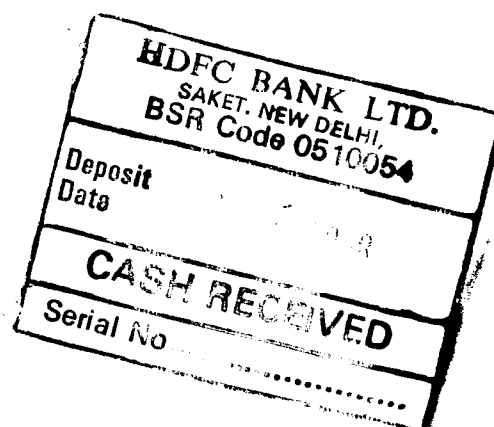
(For Office use only)

Received Payments (in words) Rs : .....

Date: .....

RoC Cashier: .....

Note: All instruments should be locally payable and should be drawn in favour of "Pay & Accounts Officer, Ministry of Corporate Affairs, New Delhi"



158846

p.s.

**FORM 18****Notice of situation or change of situation of registered office**Pursuant to section 146 of the  
Companies Act, 1956 ]**Note - All fields marked in \* are to be mandatorily filled.**1. This form is for ☐ New company ☒ Existing company

2.(a) \*Corporate identity number (CIN) of company or Form 1A reference number U13447DL2005PTC134475

(b) Global location number (GLN) of company

Pre-fill

3.(a) Name of the company

SINGDEEP ESTATE DEVELOPERS PRIVATE LIMITED

b) Address of the  
registered office  
of the companyD 518 519 GALI NO 1KALI KOTHI RATIA MARG  
SANGAM VIHAR  
NEW DELHI  
Delhi  
INDIA

4. Notice is hereby given that

(a) The address of the registered office of the company with effect from

☒ 01/04/2008 (DD/MM/YYYY) is☐ The date of incorporation of the company is

\*Address Line I 10, LOCAL SHOPPING CENTRE

Line II KALKAJI

\*City NEW DELHI

\*District South Delhi

\*State Delhi-DL

ISO country code IN

\*Pin code 110019

\*e-mail ID e\_secretarial@yahoo.co.in

(b) The full address of the police station under whose jurisdiction the registered office of the company is situated

\*Name KALKAJI POLICE STATION

\*Address Line I KALKAJI

Line II

\*City NEW DELHI

\*State Delhi-DL

\*Pin code 110019

5. Service request number of relevant form

(Mention the SRN of related Form 1AD, 21; if applicable)

**Attachments**

List of attachments

1. Optional attachment(s) - if any

Attach

Remove attachment

**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 am authorised to sign and submit this form.

**To be digitally signed by**

Managing director or director or manager or secretary of the company

Designation

Director identification number of the director or Managing Director, or  
income-tax PAN of the manager; 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 from the books and records of

and found them to be true and correct.

☐ 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

Modify

Check Form

Prescrutiny

Submit

**For office use only:**

This e-Form is hereby registered

Digital signature of the authorising officer

Submit to BO