FORM 19

Declaration of compliance with the provisions of section 149(1)(a), (b) and (c) of the Companies Act, 1956

[Pursuant to section 149(1)(d) of the Companies Act, 1956]

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

1.(a) *Corpora	ite identity number (CIN) of company					
(b) Global lo	cation number (GLN	l) of company					
2.(a) Name of	the company						
(b) Address of the registered office of the company							
(c) *e-mail II	O of the company						
3. *I,							
residing at (Present residential a	address)					
* Line I							
Line II							
*City							
*State			*Pin code		*ISO count	ry code	
Country			1 .				
*being	a director of the con						
	-		-	olemnly and sincerely	declare		
i. *That the a			*	the public for subscri			
must be ra		share capital in ord		ount which, in the oping for the matters speci			
iii.*That share	es held subject to the	payment of the wh	nole amount	thereof in cash have b	een allotted	d to the a	mount of
iv.* That ever	y him, and for which	he is liable to pay i	n cash, a pro	y on each of the share oportion equal to the puber under	roportion pa	ayable or	1
who ha	s or have not taken	or contracted to tak	e shares, fo	r which he is or they a	are liable to	pay in ca	ısh.
◯ That no	director of the com	pany has taken or c	contracted to	take any shares for w	hich he is li	able to pa	ay in cash.
offered for		by reasons of any fa	ilure to appl	cants for any shares o y for, or to obtain, peri			
	nent in paragraphs [edge and those in the	e remaining paragra	aphs are true	e to the best of my info	ormation and		re true to

State or Union territory in respect of which stamp duty is pa	aid					
Type of document/Particulars		For	rm 19			
*Total amount of stamps or stamp paper (in Rs.)						
Mode of payment of stamp duty						
Name of vendor authorised to sell stamp papers on behalf of the Government						
Serial number of stamp paper						
Registration number of vendor						
Date of purchase of stamp paper		(DD/MM/YYYY)				
Place of purchase of stamp paper						
Attachments			List of attachm	nents		
I.*Copy of prospectus						
√erification						
Γο the best of my knowledge and belief, the information give	en in this for	rm and its atta	achments is cor	rect and complete.		
have been authorised by the Board of directors' resolution o sign and submit this form.	n number*		dated*	(DD/MM/YYY		
further declare that the company has paid correct stamp of	luty as per a	pplicable Star	mp Act.			
Го be digitally signed by						
Director or secretary or company secretary (in whole-time p	oractice)					
*Director identification number of the director; or Membership number, if applicable or Income-tax permaner (income-tax PAN) of the secretary (secretary of a company member of ICSI, may quote his/her income-tax PAN); or Certificate of practice number of the company secretary (in	who is not a	a				
In case of a company secretary (in whole-time practice), who	hether assoc	ciate or fellow	Associa	te Fellow		
For office use only:						
This e-Form is hereby registered						
Digital signature of the authorising officer]					

4. Particulars of payment of stamp duty