FORM 23AAB

Application for exemption from attaching the annual accounts of the subsidiary companies

[Pursuant to section 212(8) of the Companies Act, 1956]

Note - All fields marked	in * are to	be mandato	orily filled.			
1(a). *Corporate identity num	I (a). *Corporate identity number (CIN) of company					
(b). Global location numbe	r (GLN) of c	company				
2(a).Name of the company						
(b). Address of the registered office of the company						
3. *Whether the company is	listed or not	t O Yes	O No			
4. Financial year of holding of	company	_	-			
(a)* From		(DD/MM/YYYY	′) (t	o) * To		(DD/MM/YYYY)
5.1(a). CIN of subsidiary cor	npany					
(b). GLN of subsidiary co	mpany					
(c). Name of subsidiary c	ompany [
Financial year of subs	sidiary comp	pany (d). *Fr		IM/YYYY)	(e). *To	(DD/MM/YYYY)
(f). *Date of becoming sub	bsidiary to th	ne applicant			(DD/MM/YYYY)	
(g). *Country of incorporate	tion]		
5.2(a). CIN of subsidiary cor	mpany					
(b). GLN of subsidiary co	mpany				7	
(c). Name of subsidiary co	ompany [
Financial year of subs	sidiary comp	pany (d). Fro		MM/YYYY)	(e). To	(DD/MM/YYYY)
(f). Date of becoming sub	sidiary to the	e applicant			(DD/MM/YYYY)	
(g). Country of incorporation	on]		

5.3 (a). CIN of subsidiary company
(b). GLN of subsidiary company
(c). Name of subsidiary company
Financial year of subsidiary company (d). From (DD/MM/YYYY) (e).To (DD/MM/YYYY)
(f). Date of becoming subsidiary to the applicant (DD/MM/YYYY)
(g). Country of incorporation
5.4 (a). CIN of subsidiary company
(b). GLN of subsidiary company
(c). Name of subsidiary company
Financial year of subsidiary company (d).From (e). To (DD/MM/YYYY) (DD/MM/YYYY)
(f). Date of becoming subsidiary to the applicant (DD/MM/YYYY)
(g). Country of incorporation
5.5 (a). CIN of subsidiary company
(b). GLN of subsidiary company
(c).Name of subsidiary company
Financial year of subsidiary company (d). From (DD/MM/YYYY) (e). To (DD/MM/YYYY)
(f). Date of becoming subsidiary to the applicant [DD/MM/YYYY]
(g). Country of incorporation

Companies for which exemption is sought

6.1(a). CIN of subsidiary company		
(b). GLN of subsidiary company		
(c). Name of subsidiary company		
(d). *Nature of all exemptions sough	t	
6.2 (a). CIN of subsidiary company		
(b). GLN of subsidiary company		
(c). Name of subsidiary company		
(d). Nature of all exemptions sought	t	
6.3(a). CIN of subsidiary company		
(b). GLN of subsidiary company		
(c). Name of subsidiary company		
(d). Nature of all exemptions sought		

	_	(DD/MM/YYYY)		(DD/MM/YYY	<u>(Y)</u>
7. *Year for which exemption is sought	(a) From		(b)To		
8. *Detailed reasons and justification for e	exemption	sought with respec	ct to subsidia	ries alongwitl	n documentary proof
9(a). *Whether the company sought any e	exemption	under this section	durina previo	us vears of a	anv subsidiarv
o(a). Thiomor the company coagnitarily c	<i>5</i> ,0111,011		(((((((((((((((((((Yes	○ No
(b). If yes, give the details of exemption a	ınd a copy	of each approval t	hereof		
10. *Whether the latest accounts have be	een adopto	ed by the members		O Yes	○ No
11. *Whether the company intends to atta	ach audite	ed consolidated acc	ounts of the	○ V	○ Na
subsidiaries			4		○ No
12. *Whether the subsidiary or holding co	mpany ar	e adopting differen	t accounting p	Oractice	○ No
Attachments					<u> </u>
 *Specific board resolution in support of their financial year under reference. 	f the propo	osal mentioning the	names of su	bsidiaries an	d
Documentary proof if the subsidiary an years due to requirements under law or			ng different a	ccounting	
Documentary proof of company under accounts.	lockout or	pending court case	e or non-final	isation of	
4. Optional attachment(s) - if any					
				List of at	tachments

Declaration To the best of my knowledge and belief, the information given in this application	and its attachments is correct and complete.			
I have been authorised by the board of directors' resolution dated* to sign and submit this application	(DD/MM/YYYY)			
To be digitally signed by				
Managing director or director or manager or secretary of the company				
For office use only:				
Digital signature of the authorising officer				
This e-Form is hereby approved				
This e-Form is hereby rejected				