FORM 23ACA

[See section 220 of the Companies Act,1956 and Rule 7B]

Form for filing Profit and Loss account and other documents with the Registrar

Note -

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

- Figures appearing in the eForm should be entered in Absolute Rupees only. Figures should not be rounded off in any other unit like hundreds, thousands, lakhs, millions or crores.

Authorised capital of the company as on the date of filing (in Rs.)

Number of members of the company as on the date of filing

Part A

I. General information of the company

1(a) *Corporate identity number (CIN) of company Pre-Fill

(b) Global location number (GLN) of company

2(a) Name of the company

(b) Address of the registered office of the company

3(a) *Period of profit and loss account From (DD/MM/YYYY)

To (DD/MM/YYYY)

(b)* Date of signing of report on the annual accounts by the auditors (DD/MM/YYYY)

4. (a) *Whether schedule VI of the Companies Act, 1956 is applicable ◯ Yes ◯ No

(b) *Type of Industry

Note: In case the type of industry is other than Banking or Power or Insurance or NBFC,then select Commercial and Industrial (C&I).

III. Financial parameters - Profit and loss account items (Amount in `) during the reporting period

1. *Proposed Dividend per cent
2. *Earning per share (in Rs) Basic
   Diluted
3. *Income in foreign currency
4. *Expenditure in foreign currency
5. *Revenue subsidies or grants recieved from government authority(s)
6. *Rent paid
7. *Consumption of stores and spare parts
8. *Gross value of the transaction with the related parties as per AS-18 (if applicable)
9. *Bad debts of related parties as per AS-18 (if applicable)

IV. Details related to principal products or services of the company

Total number of product/ services category(s)

Product or service category code (ITC/ NPCS 4 digit code)

Description of the product or service caregory

Turnover of the product or service category (in Rs)

Highest turnover contributing product or service code (ITC/ NPCS 8 digit code)

Description of the product or service

Turnover of higest contributing product or service (in Rs.)

Note -Please refer to 'Indian Trade Classification' based on harmonized commodity description and coding system issued by the Ministry of Commerce & Industry for Product Codes and National Product Classification for Services (NPCS) for Services codes issued by Ministry of Statistics & Programme Implementation, Government of India.

V. Details of qualification(s), reservation(s) or adverse remark(s) made by auditors.

1. *Whether auditors' report has been qualified or has any reservations or contains adverse remarks ◯ Yes ◯ No

2(a) Auditor's qualification(s), reservation(s) or adverse remark(s) in the auditors' report

(b) Director's comments on qualification(s), reservation(s) or adverse remark of the auditors as per Board's report

Attachments

List of attachments

1. *Copy of Profit and Loss Account duly authenticated as per section 215 (in pdf converted format) Attach
2. Statement of subsidiaries as per section 212 Attach
3. Optional attachment(s) - if any Attach

Remove attachment

Verification

I confirm that all the particulars mentioned above are as per the attached profit and loss account and other documents, all of which are duly signed and authenticated as required under the provisions of the Companies Act,1956.

To the best of my knowledge and belief, the information given in the form and its attachments is correct and complete.
I have been authorised by the Board of directors' resolution number * [ ] dated* [ ] (DD/MM/YYYY) 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 permanent account number (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 (including attachment(s)) from the records of

[ ]

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

◯ 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

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.