FORM NO. INC-28



Notice of Order of the Court or Tribunal or any other competent authority

Form Language ◉ English ○ Hindi

Refer instruction kit for filing the form.

1.(a) *Corporate identity number (CIN) or foreign company registration number (FCRN) of the company [ ] Pre - Fill

(b) Global location number (GLN) of company [ ]

2.(a) Name of the company [ ]

(b) Address of the registered office or of the principal place of business in India of the company [ ]

(c) e-mail ID of the company [ ]

3.(a) *Order passed by [ ]

(b) Name of the court or or Tribunal or any other competent authority [ ]

(c) *Location [ ]

(d) *Petition or application number [ ]

(e) *Order number [ ]

4. *Date of passing the order [ ] (DD/MM/YYYY)

5.(a) (i) Section of the Companies Act,2013 under which order passed [ ]

(ii)Section of the Companies Act,1956 under which order passed [ ]

6. *Number of days within which order is to be filed with Registrar (To be entered pursuant to aforesaid sections or in terms of court order or Tribunal order or order of the competent authority, as the case may be) [ ]

7. *Date of application to court or Tribunal or the competent authority for for issue of certified copy of order [ ] (DD/MM/YYYY)

8. *Date of issue of certified copy of order [ ] (DD/MM/YYYY)

9. Due date by which order is to be filed with Registrar [ ] (DD/MM/YYYY)

11. In case of amalgamation, mention whether company filing the form is transferor or transferee ◯ Transferor ◯ Transferee

(a) Details of transferee company

CIN		Pre-fill
Name		
Appointed date of amalgamation		(DD/MM/YYYY)

(b) Details of transferor company(s)

Number of transferor company(s)

13.(a) SRN of relevant form

(Mention the SRN of relevant Form INC-22, INC-28, CHG-1, CHG-4, CHG-9, MGT-14 or any other form; if applicable)

14. *Whether penalty involved or not ◯ Yes ◯ No

Attachments

1. *Copy of court order or company law board order or order by any other competent authority — Attach

2. Optional attachment(s) - if any — Attach

Remove attachment

Declaration

I am authorized by the Board of Directors of the Company vide resolution no. *

Dated * to sign the form and declare that all the requirements of the companies Act,2013 and rules thereunder in respect of the subject matter of this form and matters incidental thereto have been compiled with.I further declare that:

1. Whatever is stated in this form and in the attachmnets thereto is true ,correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintaned by the company

2. All the required attachments have been completely and legibly attached to this form

To be digitally signed by

Particulars of the person signing and submitting the form

*Name

Capacity

*Designation

DIN or Income-tax PAN or Membership number

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/ certified records maintained by the Company/applicant 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:

i. 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;

ii. All the required attachments have been completely and legibly 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 *Certificate of practice number

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement/certificate and punishment for false evidence respectively.

Modify | Check Form | Prescrutiny | Submit

For office use only:

Affix filing details

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Confirm submission

Date of signing (DD/MM/YYYY)