

**FORM NO. FC.2**

[Pursuant to section 380(3) of the Companies Act 2013, and rule 3(4) Companies (Registration of Foreign Companies) Rules, 2014]



सत्यमेव जयते

**Return of alteration in the documents filed for registration by foreign company**

Form language ☐ English ☐ Hindi

**Refer the instruction kit for filing the form.**

1. \*Foreign company registration number (FCRN)

Pre-Fill

2. (a) Name of the company

(b) Address of the principal place of business in India of the foreign company

(c) email id of the company

3. \*Type of return

- Alteration in charter, statute or memorandum of association or articles of association  
 Alteration in registered or principal office of the company in the country of incorporation  
 Alteration in places of business in India of the company  
 Alteration in directors or secretary  
 Alteration in particulars of company authorized representative(s)

4. (a) Date of the board meeting authorizing such alteration, if any

(b) Date of general meeting (if any)

(c) \*Whether there is any material change in the status or affairs of the parent company ☐ Yes ☐ No

If yes, furnish the brief details (attachment required)

(d) \*Whether there is any material change in the ownership of the parent company ☐ Yes ☐ No

If yes, furnish the brief details (attachment required)

**Part A: Alteration in charter, statute or memorandum of association or articles of association**

5. (a) \*Date of alteration

(b) \*Brief description of the alteration

(c) \*Reason(s) for such alteration

(d) \*Type of resolution

☐

Ordinary

☐

Special

(e) \*Whether there is any change in the name of the company

☐

Yes

☐

No

If yes, specify the changed name of the company

**PART B : Alteration in registered or principal office of the company in the country of incorporation**

6. (a) Address of new registered or principal office of the company in the country of incorporation

\*Line I

Line II

\*City

\*State

\*Pin Code

\*ISO Country Code

Country

\*Telephone number with ISD Code

Fax number with ISD Code

\*email Id of the foreign company

(b) \*Date of alteration

(c) \*Reason of alteration

**PART C : Alteration in the place of business in India of the company**7. Number of alterations 

I. (a) Whether the alteration is in respect of

☐ Principal place of business☐ Other place(s) of business

(b) Type of alteration

☐ Change of address of principal/ other place of business ☐ Cessation to have a such place

(c) Details in respect of each alteration-

(i) \*Effective date of alteration (ii) \*Reason(s) for such alteration  

(iii) (a) Existing address of the principal/ other place of business of the company

\*Line I Line II \*City \*State \*Pin Code (b) Type of office If others, then provide details 

(iv) New address (In case of change in address)

\*Line I Line II \*City \*State \*Pin Code Fax No. \*email id \*Telephone No. 

(v) \*Whether any change in the type of office

☐ Yes ☐ NoIf yes, then specify the type of office If others, then specify

(vi) \*Whether any approval is required for such alteration

☐ Yes ☐ No

If yes, Name of the Authority

Date of the approval obtained

Order Number

(vii) \*Whether there is change in the business activities ☐ Yes ☐ No

If yes, specify the new business activities

II. In case of cessation to have a place of business in India, whether the company is still maintaining any place of business in India: (radio button) ☐ Yes ☐ No

If yes, total number of such place(s) in India

**Part D : Alteration in the particulars of the directors or secretaries**

8. \*Number of the alterations

I. (a) \*Alteration in the particulars of-

☐ Director ☐ Secretary

(b) Particulars of each alteration:

(i) \*Date of alteration

(ii) \*Brief descriptions of the alteration

(iii) \*Reason(s) thereof

**PART E : Alteration in particulars of company authorized representative**

9. Total number of representatives whose particulars has changed

Particulars of each alteration:

I. (i) \*Type of alteration

- ☐ Appointment of new person authorized to accept service of documents
- ☐ Modification to the particulars of person authorized to accept service of documents
- ☐ Cessation of office of person authorized to accept service of documents

(ii) \*Effective date of appointment/ modification/ cessation

(iii) \*Reason(s) for such appointment/ modification/ cessation

(iv) Modified details of the person appointed/ authorized/ ceased to accept service of documents on behalf of company

Director Identification Number (if any)

Pre-Fill

\*Income tax Permanent Account number (Income-tax PAN)

\*Name of the person resident in India authorized to accept on behalf of foreign company

\*O Father's Name o Mother's Name o Spouse's name

\*Designation

Membership number (In case of Secretary)

\*Nationality

Date of Birth

If the present nationality is not the nationality of origin, then specify the nationality of origin

Number of the passports

Passport number

Date of issue

Issue country

\*Occupation type O Self Employed O Professional O Homemaker O Student O Serviceman

Area of Occupation

If others selected, specify

Permanent Address

\*Line I

Line II

\*City

\*State/Union Territory

\*Pin code

\*ISO Country code

Country

\*Phone

Fax

\*email ID

\*Whether present address is same as the permanent address ☐ Yes ☐ No ( Radio button)

Present Address

\*Line I

Line II

\*City

\*State/Union Territory

\*Pin code

\*ISO Country code

Country

\*Phone

Fax

\*Whether the person authorised has been appointed through power of attorney or by passing the resolution

☐ Power of attorney ☐ Resolution

## Declaration

I, \*   
 the authorized representative of the company, hereby certify that I am authorized by the Board of Directors of the Company vide resolution number \*  dated\*  to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. It is further declared and verified that:

1. Whatever is stated in this form and in the attachments 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 maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.
2. All the required attachments have been completely, correctly and legibly attached to this form.

\*To be digitally signed by

DSC Box

\*Authorised representative of the Foreign company

\*Income Tax PAN of the Authorised representative

## Attachments:

1. Copy of the Board resolution, if any;
2. Copy of the general meeting resolution, if any;
3. Copy of approval letter, if any;
4. Translated version of the documents (in case it is not in English)
5. Particulars of alterations in the place of business in India of the company
6. Particulars of alteration in details of the directors or secretaries
7. Particulars of alterations in details of the company authorized representative
8. Optional attachments, if any.

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Note: Attention is also drawn to provisions of Section 448 of the Act which provide for punishment for false statement and certification.

Modify

Check Form

Prescribing

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)