## FORM NO. MGT-6

Form language o English o Hindi

[Pursuant to section 89(6) of The Companies Act, 2013 and pursuant to rule 9(3) of The Companies (Management and Administration) Rules, 2014]



Return to the Registrar in respect of declaration under section 89 received by the company

सत्यमेय ज

Corporate identity number	(CIN) of company			Pre-Fill
Global location number (GL	N) of company			
Name of the company				
Address of the registered office of the company		2		
Particulars of shares in respondence of shares  (a) Number of shares  (b) Distinctive number of signs (c) Kind of shares	es does not hold the			nembers of the
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(a) Date of declaration		(DD/MM/YYYY)			
(b) "Name of the declarants					
(e) Occupation					
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(j) Date of entry of name in regist			(DD/MM/Y	YYY)
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Line II				
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(h) Father's name or Husband's na	ame ( ) Father	's name	Husband's na	me	
(i) Name of the authorized person					
(j) Date of entry of name in registe	r		(DD/MM/YYYY	9	
(a) Name of person who holds a be	eneficial interest	in such shares			
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Line II				***************************************	
(c) City				***************************************	
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(b) Name of the declarants					
(c) Occupation					
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(c) City		***	1	
(d) State				
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(h) Father's name or Husba	and's name	Father's name	Husband's nan	
	arra a risarra		( ) Husband's nam	ne
(i) Name of the authorized				
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i) Name of	the authorized p	urasa [			
	ntry of name in r			1	-
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	List of attachments
Declaration	Remove attachment
To the best of my knowledge and belief, the information given in	this form and its attachments is correct and complete
I have been authorised by the board of directors' resolution date	
submit this form	
*To be digitally signed by DSC BOX	
*Designation	
*Director identification number of the director; or	
DIN or PAN of the manager or CEO or CFO; or	
Membership number of the Company secretary	
remocratip number of the company secretary	
Note: Attention is also drawn to provisions of Section 448 and and punishment for false evidence respectively	449 which provide for punishment for false statement
Check Form	Prescrutiny
For office use only:	cetails
eForm Service request number (SRN) ef	Form filing date (DD/MM/YYYY)
This e-Form is hereby registered	
Digital signature of the authorising officer	Contin Submission
Date of signing	(DD/MM/YYYY)

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