

Form No. FC-2

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

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



Form language

☒ English

☐ Hindi

Refer instruction kit for filing the form.

*All fields marked in * are mandatory*

Company's Details

1 (a) *Foreign Company Registration Number (FCRN)

(b) *Name of the Company

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

(d) *Email ID of the Company

2 Change information

(a) *Type of change

☐ Alteration in charter, statute or memorandum of association or articles of association or name

- ☐ 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 Particulars of Directors or Secretary
- ☐ Alteration in Particulars of authorised representative(s) of company
- ☐ Others

(b) Date of the board meeting authorising such alteration, if any (DD/MM/YYYY)

(c) Date of general meeting (if any) (DD/MM/YYYY)

(d) *Whether there is any material change in the status or affairs of the parent company

☐ Yes ☐ No

(d)(i) If yes, furnish the brief details (attachment required)

(e) *Whether there is any material change in the ownership of the parent company

☐ Yes ☐ No

(e)(i) If yes, furnish the brief details (attachment required)

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

(a) Date of alteration (DD/MM/YYYY)

(b) Brief description of the alteration

(c) Type of resolution
Special

☐ Ordinary ☐

(d) Whether there is any change in the name of the company?

☐ Yes ☐ No

(d)(i) If yes, specify the changed name of the company

4 Part B: Alteration in registered or principal office of the company in the country of incorporation

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

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID of the foreign company

(b) Date of alteration (DD/MM/YYYY)

(c) Brief description of the alteration

5 Part C: Alteration in the place of business in India of the company

(a) Number of Alterations

6 Details with respect to each alteration

(a) Type of alteration

*(Change in address in India/Closure of places of business in India/Intimation of new place of business in India/
Change in type of office/Change in type of business activity)*

(b) Whether the alteration is in respect of

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

(c) Place of business for which alteration has to be made

(d) Effective date of alteration (DD/MM/YYYY)

(e) Brief description of the alteration

7 Change in address in India

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

8 Intimation of new place of business in India

(a) Type of office

(Liaison office/Branch office/Project office/ Other office)

(a)(i) If others, specify

(b) Address

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone number (with STD/ISD code)

Fax Number (with STD/ISD code)

(c) Business activities to be carried out at such other place

9 Change in type of office

(a) Type of office

(Liaison office/Branch office/ Project office/Other office)

(a)(i) If others, specify

10 Change in type of business activity

(a) Main division of business activity to be carried out in India (based in relevant sub class and description given in NIC-2008)

(b) Description of the main division

11 Details of the permission obtained from any Authority

- (a) Whether any approval is required for setting up the office in India ☐ Yes ☐ No
- (b) If yes, Name of the Authority
- (c) Date of obtaining the approval (DD/MM/YYYY)
- (d) Order number
- (e) Validity ☐ Fixed ☐ Unlimited ☐
- (f) Date (DD/MM/YYYY)

12 Part D: Alteration in Particulars of Directors or Secretaries

- (a) Number of Alterations
- (b) Type of alteration
- ☐ Appointment of directors or secretaries ☐ Cessation of office of directors or secretaries

13 Details of Directors or Secretaries for which cessation of office has to be filed

Select the name of the director/secretary from dropdown ▼	Date of appointment (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)	Date of cessation of office (DD/MM/YYYY)

14 Particulars of the director or secretary for whom appointment is to be filed

- (a) Designation ☐ Secretary ☐ Director ☐
- (b) Do you have Director Identification Number (DIN)? ☐ Yes ☐ No
- (b)(i) If Yes, please enter the DIN details
- (c) Do you want to fetch the details from digilocker?
- (d) First Name
- (e) Middle Name
- (f) Last Name
- (g) Any former name or names and surname or surnames in full
- (h) Please provide one ☐ Father's Name ☐ Mother's Name ☐ Spouse's Name

(i) First Name	<input type="text"/>
(j) Middle Name	<input type="text"/>
(k) Last Name	<input type="text"/>
(l) Date of Birth (DD/MM/YYYY)	<input type="text"/>
(m) Nationality	<input type="text"/> ▼
(n) If the present nationality is not the nationality of origin, then specify the nationality of origin	<input type="text"/> ▼
(o) Occupation Type (Business/Professional/Service man/Housewife/ Student/ Others)	<input type="text"/> ▼
(o)(i) Area of Occupation	<input type="text"/> ▼
(o)(ii) If 'Others' selected, please specify	<input type="text"/>
(p) Income tax Permanent Account number (Income-tax PAN)	<input type="text"/>
	<div>Verify PAN</div>
(q) Membership number (In case of Secretary)	<input type="text"/>
(r) Number of passports	<input type="text"/>
(s) Passport Number	<input type="text"/>
(t) Date of issue (DD/MM/YYYY)	<input type="text"/>
(u) Issue Country	<input type="text"/> ▼
(v) Date of appointment (DD/MM/YYYY)	<input type="text"/>

15 Permanent Address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Country	<input type="text"/> ▼
Pin code / Zip Code	<input type="text"/>
Area/ Locality	<input type="text"/> ▼
City	<input type="text"/>
District	<input type="text"/>
	<input type="text"/>

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

16 (a) Whether present residential address same as permanent residential address

☐ Yes☐ No**Present address**

Address Line 1

Address Line 2

Country

Pin code/Zip code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) **Submit the proof of identity and proof of address**

(f)(i) Proof of identity

Max 2 MB

Choose File

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(f)(ii) Residential proof

Max 2 MB

Choose File

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17 Declaration of other directorship or directorships held by him

(a) Number of entities

(b) CIN/LLPIN/FCRN/Registration number

(c) Name

(d) Address

18 Part E: Alteration in particulars of authorised representative(s) of company

(a) Number of Alteration

(b) Type of alteration

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

(c) Brief Description of alteration

19 Particulars of the authorised representative in respect of whom cessation of office has to be filed

(a) Select the name of the authorised representative from dropdown

 ▼

(b) Date of appointment (DD/MM/YYYY)

(c) Income tax Permanent Account number (Income-tax PAN)

(d) Effective date of cessation (DD/MM/YYYY)

20 Particulars of the authorised representative for modification of details

(a) Select the name of the authorised representative from dropdown

 ▼

(b) Income tax Permanent Account number (Income-tax PAN)

Verify PAN

(c) Effective date of modification (DD/MM/YYYY)

21 Do you want to add DIN number for the authorised representative?

☐ Yes ☐ No

(a) If Yes, please enter the DIN details

22 Do you want to update permanent address?

☐ Yes ☐ No

Address Line 1

Address Line 2

Country

 ▼

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

23 Do you want to update present address and contact details?

☐ Yes☐ No

24 Whether present residential address same as permanent residential address

☐ Yes☐ No

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

25 Do you want to add more passport details?

No

☐

Yes

☐

(a) Number of passports

(b) Passport Number

(c) Date of issue (DD/MM/YYYY)

(d) Issue Country

26 Particulars of the authorised representative appointed to accept service of documents on behalf of company

(a) Effective date of appointment (DD/MM/YYYY)

(b) Do you have Director Identification Number (DIN)?
No

☐ Yes ☐

(b)(i) If Yes, please enter the DIN details

(c) Do you want to fetch the details from digilocker?

Fetch from digilocker

(d) First Name

(e) Middle Name

(f) Last Name

(g) Any former name or names and surname or surnames in full

(h) Please provide one
Name

☐

Father's Name

☐

Mother's Name

☐

Spouse's

(i) First Name

(j) Middle Name

(k) Last Name

(l) Date of Birth (DD/MM/YYYY)

(m) Nationality



(n) If the present nationality is not the nationality of origin, then specify the nationality of origin



(o) Occupation Type

(Business/Professional/Serviceman/ Housewife/Student/ Others)



(o)(i) Area of Occupation



(o)(ii) If 'Others' selected, please specify

(p) Designation

(q) Income tax Permanent Account number (Income-tax PAN)

Verify PAN

(r) Membership number (In case of Secretary)

(s) Number of passports

(t) Passport Number

(u) Date of issue (DD/MM/YYYY)

(v) Issue Country

27 Permanent Address

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number with STD/ISD code

Email ID

28 Whether present residential address same as permanent residential address

☐ Yes

☐ No

(a) Present address

Address Line 1

Address Line 2

Country

Pin code/Zip code

Area/ Locality

City

District

State/ Union Territory

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

Max 2 MB

Choose File

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(f)(ii) Residential proof

Max 2 MB

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

☐

Power of attorney

☐

Special Resolution

30 Part F: Others

(a) Date of alteration (DD/MM/YYYY)

(b) Brief description of the alteration

(c) Type of resolution
Applicable☐

Ordinary

☐

Special

☐

Not

Attachments

(a) *Certified true copy of the Board resolution, if any

Max 2 MB

Choose File

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(b) *Certified true copy of the general meeting resolution

Max 2 MB

Choose File

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(c) Copy of approval letter (it is mandatory if any approval is required for such alteration).

Max 2 MB

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(d) Translated version of the documents in English (in case documents attached are not in English).

Max 2 MB

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(e) Copy of intimation filed with RBI

Max 2 MB

Choose File

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(f) Audited financials till date of closure and detail of authorised representatives appointed and ceased since establishment till the date of closure in tabular form with challan numbers

Max 2 MB

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(g) Optional Attachment(s), if any

Max 2 MB

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DeclarationI * , the authorised representative of the company hereby certify that I am authorised by the

Board of Directors of the Company vide resolution no* dated*
(DD/MM/YYYY) 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 Permanent Account number (Income-tax PAN)

Save

Submit

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.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby registered

Date of signing (DD/MM/YYYY)

DSC BOX