

“Form No. NDH-2

**Application to Regional Director and Intimation
to the Registrar**

[Pursuant to sub rule (3) of rule 5, rule 6(d),
rule 10(3), rule 10(6)(a), rule 10 and rule 14
of the Nidhi Rules, 2014]

Refer instruction kit for filing the form

*All fields marked in * are mandatory*



Form language

☒ English

☐ Hindi

Company Information

1 (a) *Corporate Identity Number (CIN)

2 (a) *Name of the Nidhi

(b) *Address of the registered office

(c) *email ID

(d) *Date of incorporation (DD/MM/YYYY)

(e) *Financial year end date/ date of closure of branch/date of opening of branch/
proposed date of closure of branch/date of closure of collection centres
(DD/MM/YYYY)

Purpose of application

3 *Application filed for :

- o (a) for extension of time under sub rule (3) of Rule 5
- o (b) for permission of Regional Director for opening of branch under sub rule (3) of Rule 10
- o (c) for permission of Regional Director for closing of branch clause (a) of sub-rule 6 of Rule 10
- o (d) for intimation to Registrar for opening/ closing of branch under Rule 10
- o (e) for intimation to Registrar for closure of collection centres under Rule 10
- o (f) for permission of Regional Director for withdrawal of unencumbered deposits under Rule 14

Other Details**Position as at the end of the previous financial year(based on audited financial statement)**

4 Number of members

5 Ratio of Net Owned Funds to Deposits

6 Details of branches/collection centres

(a) Number of branches/collection centres

Name of the branch/collection centre	Branch/collection centre	Address Line 1	Address Line 2	Country	Pin Code/Zip Code	Area/Locality	City	District	State/UT

Profit details

7 Profit during the preceding three financial years

Serial Number	Financial Year	Net profit after tax
1		
2		
3		

8 In case of temporary withdrawal of unencumbered term deposits, briefly mention the grounds for seeking approval

9 *Details including reasons and justification for the application

Board Resolution

10 (a) *Date of passing of Board Resolution (DD/MM/YYYY)

(b) *Mode of resolution (*Physical/Circular*)

(c) *Number of votes casted in favor

(d) *Number of votes casted against

Attachments

(a) Audited financial statements (last available)

Max 2 MB

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(b) *List of all members with PAN and complete residential address along with amount of deposit accepted from each member

Max 2 MB

Choose

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(c) Optional attachment, if any

Max 2 MB

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DeclarationI am authorised by the Board of Directors of the Company vide resolution no.* dated*

(DD/MM/YYYY) to sign this form and declare that 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. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

***To be digitally signed by**

DSC BOX

***Designation**

(Director/Manager/Company Secretary/CEO/CFO)

***DIN of the director; DIN or PAN of the manager or CEO or CFO; or**

Membership number of company secretary

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 (18 of 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 records maintained by the Company *

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:

a. 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.

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

c. It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

***To be digitally signed by**

DSC BOX

- ☐ 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

Save

Submit

Note: Attention is drawn to provisions of Section 447, 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 approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)