

“Form No. NDH-3

Return of Nidhi Company for the half year ended

[Pursuant rule 21 of the Nidhi Rules, 2014]

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

All information shall be furnished for the half year ended 30th September and 31st March of every year



Form language

☒ English

☐ Hindi

Company Information

1 (a) *Corporate Identity Number (CIN)

(b) *Name of the company

(c) *Address of the registered office of the company

(d) *email id

(e) *Date of Incorporation (DD/MM/YYYY)

2 *Half year end date (DD/MM/YYYY)

3 Branch details

(a) *Number of branches at the beginning of the half-year

(b) *Number of branches opened during the half year

(c) *Number of branches closed during the half year

(d) *Total number of branches at the end of the half year

Name of the branch	Date of opening of branch (DD/MM/YYYY)	Address Line 1	Address Line 2	Country	Pin Code/Zip Code	Area/Locality	City	District	State/UT

(e) SRN of NDH-2/RD-1 for application to Regional Director

Profit details

4 Profit during the preceding three financial years

Serial Number	Financial Year	Net Profit after tax
1		
2		
3		

5 Membership

Total number of members at the beginning of the half-year	Number of persons admitted as members during the half year	Number of persons who have ceased to be members during the half year	Total number of members at the end of the half year

6 Deposits (Amount in Rs.)

Nature of Deposits	Balance of deposits at the beginning of the half year	Received during the half year	Repaid during the half year	Balance of deposits at the end of the half year
Fixed Deposit				
Recurring Deposit				
Savings Deposit				
Cumulative Deposit				
Others, if any				
Total				

7 Loans (Amount in Rs.)

Nature of Loans	Balance of loans at the beginning of the half year	Disbursed during the half year	Realized during the half year	Balance of loans at the end of the half year
Loans against immovable property				
Loans against Jewels				
Loans against Deposits				
Others, if any <div></div>				
Loans to employees				
Total				

8 Details relating to litigation, if any

	At the beginning of the half year		Filed during the half year		Disposed of during the half year		Outstanding at the end of the half year	
	No. of cases	Amount (Rs.)	No. of cases	Amount (Rs.)	No. of cases	Amount (Rs.)	No. of cases	Amount (Rs.)
Suit filed accounts								

9 Financial Summary

(a) *Paid up equity share capital

(b) *Free reserves

(c) *Less: Accumulated Losses

(d) *Other intangible assets

(e) *Net Owned Funds

10 Unencumbered Term Deposits (See rule 14)

(a) (i) *Deposit(s) in scheduled commercial Banks(in Rs)

(ii) *Deposits in Post Office(in Rs)

(iii) *Total unencumbered term deposits

(b) *Deposits outstanding at the close of business on the last working day of the second preceding month

(c) *Percentage of (a)/(b)

11 *Ratio of Net Owned Funds to Deposits**12 Bank Details**

(a) *Number of banks/post offices where deposits have been placed

S. No.	Name of the Scheduled Commercial Bank /Post Office	Address	Amount of deposits (in Rupees)

Financial summary**13 Amount of paid up Preference Share capital**

(a) *Outstanding at the beginning of the half year

(b) *Redeemed during the period

(c) *Outstanding at the end of the half year

Attachments

(a) *List of all members with following details:

a) Name

b) Member status

c) Members joined during the period

Max 2 MB

Choose

Remove

Download

- d) Members ceased during the period
- e) Complete residential address
- f) PAN
- g) Amount of deposit accepted from each member

(b) Optional attachment(s), if any

Max 2 MB

Choose

Remove

Download

Declaration

I am authorised by the Board of Directors of the Company vide resolution number*
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. 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/Liquidator/ Interim Resolution Professional (IRP)/
Resolution Professional (RP)

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

Interim Resolution Professional (IRP) or Resolution Professional (RP) or Liquidator;
or Membership number of the 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 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:

1. 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;
2. All the required attachments have been completely and legibly attached to this form;
3. 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

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)

This eForm has been taken on file maintained by the Registrar of Companies through electronic mode and on the basis of statement of correctness given by the filing company “;