

Form No. MGT.3

Form language

Notice of situation or change of situation or discontinuation of situation, of place where foreign register shall be kept
[Pursuant to section 88(4) of The Companies Act, 2013 and pursuant to rule 7(2) of The Companies (Management and Administration) Rules, 2014]

☒ English ☐ Hindi

*Refer instruction kit for filing the form
All fields marked in * are mandatory*



Company Information

1 *Corporate Identity Number (CIN)

2 (a) *Name of the company

(b) *Registered office address

(c) *Email id of the company

Notice type

3 *This notice is in respect of

- ☐ Situation of office where foreign register is kept
☐ Change of situation of office where foreign register is kept
☐ Discontinuance of maintenance of foreign register

4 *Foreign register relates to

☒ Members ☐ Debenture holders ☐ Other security holders ☐ Beneficial owners

Part A: Notice of situation of office where foreign register is kept

(applicable in case option 1 'Situation of office where foreign register is kept' is selected in data field 3)

5 Notice is hereby given that the foreign register shall be kept with effect from at 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"/>
State/UT	<input type="text"/>
Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>

Part B: Notice of change of situation where foreign register is kept

(applicable in case option 2 'Change of situation of office where foreign register is kept' is selected in data field 3)

5 Notice is hereby given that the foreign register shall be kept with effect from at Address	<input type="text"/>
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"/>
State/UT	<input type="text"/>
Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
6 Existing situation of the office where the foreign register is kept at Address	
Address Line 1	<input type="text"/>

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)

7 Purpose of changing such office

Part C: Notice of discontinuance of maintenance of foreign register

(applicable in case option 3 'Discontinuance of maintenance of foreign register' is selected in data field 3)

6 Existing situation of the office where the foreign register is kept at 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)

8 Reason for such discontinuance

9 Date of discontinuance of office (as applicable) (DD/MM/YYYY)

Declaration

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

to sign this form and declare that all the requirements of the Companies Act 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental there to 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/CEO/CFO/Company secretary)

▼

***Director identification number of the director; or
DIN or PAN of the manager or CEO or CFO; or
Membership number of the Company secretary**

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.

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 company

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)