

Form No. MSC-3

सत्यमेव जयते

Return of dormant company

[Pursuant to sub-section (5) of section 455 of the Companies Act, 2013 read with rule 7 and 8 of the Companies (Miscellaneous) Rules, 2014]

Form language

☒ 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

3 *Date of issue of certificate of dormant company (DD/MM/YYYY)

4 *Brief particulars of the principal business activities of the company

5 *Financial year end date to which this return relates (DD/MM/YYYY)

Board Meeting Details

6 (a) Particulars of the Board meeting(s) held

S. No.	Date of meeting (DD/MM/YYYY)	Total number of Directors as on the date of meeting	Total number of Directors present in the date of meeting
(b)	(c)	(d)	(e)

7 (i) Details of directors and Key managerial personnel as on the closure of financial year

(a) * Number of Directors and Key managerial personnel
(who is not director) as on the financial year end date

Name	DIN/PAN	Designation	*Number of equity share(s) held	Date of cessation (after closure of financial year: If any) (DD/MM/YYYY)
(b)	(c)	(d)	(e)	(f)

(ii) Particulars of change in director(s) and Key managerial personnel during the year**(ii) Particulars of change in director(s) and Key managerial personnel during the year**

(a) *Number of Directors and Key managerial personnel
change during the financial year

Name	DIN/PAN	Designation at the beginning / during the financial year	Date of appointment/ change in designation/ cessation (DD/MM/YYYY)	Nature of change (Appointment/ Change in designation/ Cessation)
(b)	(c)	(d)	(e)	(f)

8 Statement of transactions other than significant accounting transactions; if any

(a) Payments for maintenance of its office and records

(b) Payments made to fulfill the requirements of the Act

(c) Payment of fees to Registrar

9 Break-up of paid-up share capital

Type of shares

☐

Equity Shares

☐

Preference shares

Number of class in Equity shares	
Number of class in Preference shares	

For equity shares, please fill below fields

Class of Shares	Number of shares	Total Nominal Amount	Total Paid- up amount	Total Premium
Equity shares	Description of the class			
*At the beginning of the year				
*Increase during the year				
(i) *Public Issue				
(ii) *Rights Issue				
(iii) *Bonus Issue				

Class of Shares	Number of shares	Total Nominal Amount	Total Paid- up amount	Total Premium
(iv) *Private placement/ Preferential Allotment				
(v) *ESOPs				
(vi) *Sweat Equity shares allotted				
(vii) *Conversion of preference shares				
(viii) *Conversion of Debentures				
(ix) *GDRs/ADRs				
(x) Others specify				

*Decrease during the year				
(i) *Buy back of shares				
(ii) *Shares Forfeited				
(iii) *Reduction of share capital				
(iv) Others specify				
*At the end of the year				

For preference shares, please fill below fields

Class of Shares	Number of shares	Total Nominal Amount	Total Paid- up amount	Total Premium
Preference Shares				
*Description of the class				
*At the beginning of the year				
*Increase during the year				
(i) *Issue of shares				
(ii) *Re-issue of forfeited shares				
(iii) Others, specify				
*Decrease during the year				
(i) *Redemption of shares				
(ii) *Shares Forfeited				
(iii) *Reduction of share capital				
(iv) Others, specify				
*At the end of the year				

10 *Particulars of the annual fee (Amount in Rupees) (Enter the amount to be paid along with this form)

11 (a) *Whether any significant transaction is carried out during the year

☐ Yes ☐ No

(b) If yes, brief

12 Shareholding pattern of the company

S No	Category of shareholders	Percentage as on (DD/MM/YYYY)	Percentage as on (DD/MM/YYYY)
		<input type="text"/>	<input type="text"/>
1	Government (Central and State)		
2	Government Companies		
3	Public financial institutions		
4	Nationalized or other bank(s)		
5	Mutual Funds		
6	Venture Capital		
7	Foreign holdings (Foreign Institutional Investors, Foreign companies, Non-resident Indians, Foreign financial institutions or Overseas corporate bodies)		
8	Bodies Corporate (not mentioned above)		
9	Directors or relatives of directors		
10	Other top fifty shareholders (other than mentioned above)		
11	Others		
12	Total		

	Total number of shareholders		
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Attachments

(a) *Duly audited statement of financial position

Max 2 MB

Choose

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(b) Optional attachment(s), if any

Max 2 MB

Choose

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Declaration

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 the 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 that all the required attachments have been completely, correctly and legibly attached to this form.

☐ *The status of the Company continues to be a Dormant Company under Section 455(1) of the Act as on date.

*To be digitally signed by

DSC BOX

*Designation

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

*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; 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. This 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:

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

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 read with 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)