Form No. MSC-4

Form language







Application for seeking status of active company

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

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

Company Information				
1 (a) *Corporate Identity Number (CIN)				
(b) *Name of the company				
(c) *Registered office address	Γ			
(d) *Email ID	Ī			
Compliance related details				
2 (a) *Whether the company seeks to obtain Active status on account of non-comp of any condition of 'Dormant company' as specified in Rule 8(3) of the Com (Miscellaneous) Rules, 2014		○ Yes	0	No
(b) Description of non-compliance condition	Γ			
(c) Date of non-compliance (DD/MM/YYYY)				
SRN Details				
3 (a) *Service Request Number (SRN) of Form No.MSC-1 filed for seeking status of dormant company				
(b) Service Request Number (SRN) of latest return filed in Form No. MSC-3, if	any			
Other Details 4 *Company remained in dormant status since (DD/MM/YYYY)				
5 *Reasons of dormant status (whether for reasons stated under sub section (1) of section 455 or on account of notice issued by ROC to declare the company as a Dormant company under sub-section (4) of section 455)				
6 *I do hereby apply for changing the state per the provisions of sub- section (5) of section 455 of the Companies Act, 2013	us of the Con	npany from Do	rmant to A	Active as
Attachments				
Optional attachment(s), if any		Choose	Remove	Download

Declaration			
I am authorised by the Board of Directors of the Company vide resolution no. * (DD/MM/YYYY)* to sign this form and declare that a Act,2013 and the rules made thereunder in respect of the subject matter of this form and matter compiled with. It is further declared that all the required attachments have been completely, co form.	rs incidental thereto have been		
*To be digitally signed by	DSC BOX		
*To be digitally signed by *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. It is her the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of and I have verified the above particulars (including attachment(s)) from the origina Company/applicant which is subject matter of this form and found them to be true, cormaterial to this form has been suppressed. I further certify that: i. The said records have been properly prepared, signed by the required officers of the Corporate provisions of the Companies Act, 2013 and were found to be in order;	his form and matters incidental thereto l/certified records maintained by the rect and complete and no information		
ii. 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			
Note: Attention is drawn to provisions of section 447 read with 448 and 449 of the Comp punishment for false statements/ certificate and punishment for false evidence respective			
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)			