

Form No. PAS-6



Form language

☒ English

☐ Hindi

**Reconciliation of Share Capital Audit Report  
(Half-yearly)**

[Pursuant to sub-rule (8) of rule 9A Companies  
(Prospectus and Allotment of Securities Rules, 2014.)]

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*

**Company Details**

1 \*Corporate Identity Number (CIN)

2 (a) \*Name of the company

(b) \*Address of Registered office of the company

(c) \*Email id of the company

**Filing details**

3 Period of Filing

\*From (DD/MM/YYYY)

\*To (DD/MM/YYYY)

4 \*Number of classes of shares / securities

5 Details of shares as per class

(a) \*Type of security

(Equity/Preference)



(b) \*Class of shares

(c) \*ISIN

(d)

		Number of shares	Percentage of Total Issued Capital
(i)	*Held in dematerialized form in CDSL		
(ii)	*Held in dematerialized form in NSDL		
(iii)	*Held in physical form		
(iv)	*Total no. of issued shares		

(e) Reasons for shares held in physical form

(f) Details of changes in share capital during the half-year under consideration as per Table below:

Particulars	Number of shares	Whether intimated to NSDL <input type="checkbox"/>	Whether intimated to CDSL <input type="checkbox"/>
(vii) Number of shares at the beginning of the reporting period			
(viii) Rights			
(ix) Bonus			
(x) Private Placement			
(xi) ESOPs			
(xii) Amalgamation			

(vii) Conversion			
(viii) Buy back			
(ix) Capital Reduction			
(x) Forfeiture			
(xi) Any Other (Please specify)			
(xii) Number of shares at the end of the reporting period			

(g) Details of Shares held by:

	Demat	Physical	Total
(i) *Promoters			
(ii) *Directors			
(iii) *KMPs			

6 (a) \*Whether the Register of Members is updated

☐ Yes ☐ No

(b) If no, the date upto which it has been updated

7 Details of Demat requests

Total No. of Demat requests	No. of requests	No. of shares	Reasons for delay
(a) Confirmed after 21 Days			
(b) Pending for more than 21 days			

8 (a) \*Whether there is appointment of common agency for share registry work

☐ Yes ☐ No

(b) If yes, please provide the name of the said agency

9 Any other detail that the professional signing this form may like to provide:

#### Attachments

(a) Optional attachment(s) - if any

Max 2 MB

Choose File

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#### Verification

I am authorized 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 Companies Act, 2013 (18 of 2013), the Depositories Act, 1996 (22 of 1996) and the rules/regulations 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.

It is hereby further certified that the Professional

, a\*  ▼

(Chartered Account/ Company Secretary)

\* 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, , residing at , having the email  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), the Depositories Act, 1996 (22 of 1996) and rules/regulations made 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.

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\* To be digitally signed by:

- ☐ Chartered 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 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.

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*For office use only:*

e-Form Service request number (SRN)

e-Form filing date (DD/MM/YYYY)