

## Form No. BEN-2

## **Return to the Registrar in respect of declaration under section 90** [Pursuant to section 90(4) of the Companies Act, 2013 and rule 4 and

rule 8 of the Companies (Significant Beneficial Own	ners) Rules, 2018]

Refer instruction kit for filing All fields marked in * are ma			
Company Information			
1 *Corporate Identity Numb	er (CIN)		
2(a) *Name of the Company	T.		
(b) *Registered office addre	ss		
(c) *email id			
3 *Purpose of filing the for	·m		
For declaration of holding Section 90	ng reporting company	For declaration of	Significant Beneficial Ownership under
For change in particulars Ownership under Ownership under Section	s of existing Significant Beneficial   n 90	For chang	ge of existing Significant Beneficial
Change of the existing h	olding reporting company		
4 For declaration of holdin (applicable in case 'For dec	ng reporting company laration of holding reporting company	' is selected in da	ita field 3)
(a) CIN of the holding re	porting company		
(b) Name of the holding	reporting company		
	gnificant Beneficial Ownership unde Plaration of Significant Beneficial Own		ion 90' is selected in data field 3)
(i) Number of Signific	ant Beneficial Owners for whom the f	form is being filed	
Significant Beneficial Owner	Number of Members through who being exercised	om indirect holdi	ng or right in reporting company is
SBO1			
SBO2			

5 (b) For change in particulars of Significant Beneficial Ownership under Section 90

Delete row

Add row

(applicable in case 'For change in particulars of Significant Beneficial Ownership under Section 90' is selected in data field 3)

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Import from Excel

(i) ]	Number o	f Significant Be	eneficial Owners for whon	n particulars are	to be change	d		
	nificant l	Beneficial	Number of Members theing exercised	nrough whom in	ndirect hold	ing or right i	n reporting con	npany is
SB								
SB	O2							
		Add ro	.w Delete	row	Download o	excel Template	Imj	port from Excel
5 (			g Significant Beneficial Cor change (leading to remo				nership under Se	ection 90' is
sele	ected in d	ata field 3)						
	(i) Nu	nber of Signific	ant Beneficial Owner to b	e changed				
					Download ex	cel Template	Import from	m Excel
	(ii) ID	of the Significa	nt Beneficial Owner to be	changed				▼
	(iii) N	ame of Significa	ant Beneficial Owner to be	changed				
	(iv) Da	te of change of	Significant Beneficial Inte	rest (DD/MM/Y	YYY)			
	(v) Dat	e of declarations	s under sub-section (1) of	section 90 (DD/I	MM/YYYY)			
	(vi) Da	te of receipt of t	he declaration by the com	pany (DD/MM/	YYYY)			
	(vii) W	hether control o	r significant influence has	ceased			Yes 🔘	No C
	If ye	s, provide copy	of relevant document	Max 2 M	В	Choose	Remove	Download
	(viii)	Details of direc	et or indirect control by the	SBO after such	cessation/ch	ange (select	all that apply)	
	(i) By vi	rtue of shares						%
	(ii) By v	irtue of voting r	ights in shares					%
	(iii) By	rirtue of rights o	on distributable dividend o	r any other distri	bution			%
	(iv) By v	rirtue of exercise	e of control (attach copy o	f agreement)				
	Cop	y of Agreement		Max 2 MB		Choose	Remove	Download
	(v) By v	rirtue of exercise	e of significant influence (	attach copy of ag	greement)			
	Copy	of Agreement		Max 2 MB		Choose	Remove	Download

[भाग II—खण्ड 3(i)] भारत का राजपत्र : असाधारण 13

	Manner in which significant beneficial interest i olding or right (select one or more as may be ap		er indirect	ly or toget	her with any direc
	By virtue of shares				%
	By virtue of voting rights in shares				%
	By virtue of rights on distributable dividend or a	any other distribution			
	By virtue of exercise of control (attach copy of ag	greement)			
	Copy of Agreement	Max 2 MB	noose	Remove	Download
	By virtue of exercise of significant influence (atta	ach copy of agreement)			
	Copy of Agreement	Max 2 MB	hoose	Remove	Download
6B P	articulars of the Members				
(a	a) Type of Member				lacktriangle
(b	) CIN/FCRN/LLPIN or any other registration nun	nber			
(c)	Name of the Member				
(0	d) Address of the Member				
	(d)(i) Address Line 1				
	(ii) Address Line 2				
	(iii) Country				<b>▼</b>
	(iv) Pin Code/Zip code				
	(v) Area/Locality				V
	(vi) City				
	(vii) District				
	(viii) State/UT				
(6	Email ID of the Member				
(f	) Date of entry of name in register u/s 88 (DD/MN	M/YYYY)			
6C	Other details of the members				
(a	a) Status of the SBO				lacksquare
(b	) Whether individual (SBO) has majority stake in	the			V
(0	) Corporate Identity number (CIN) or Foreign Company or any other registration number	y Registration Number (FCRN)			
(0	) Name of the ultimate holding company				

(e) Whether the individual (SBO):	V	
(f) Corporate Identity number (CIN) or Foreign Company Registration Number (FCRN) or any other registration number		
(g) Name of the body corporate partner / ultimate holding company		
6D Particulars of the SBO to be added SBO1		
(a) ID of the Significant Beneficial Owner		
(a)(i) Income Tax PAN		
	Verify Income tax	
(ii) Passport Number		
(b) Name of the Significant Beneficial Owner		
(b)(i) First Name		
(ii) Middle Name		
(iii) Last Name		
(c) Father's Name (Even married women must give father's name)		
(c)(i) First Name		
(ii) Middle Name		
(iii) Last Name		
(d) Date of Birth (DD/MM/YYYY)		
(e) Nationality	<b>V</b>	
(f) Whether a citizen of India	O Yes	No
(g) Address of Significant Beneficial Owner		
(g)(i) Address Line 1		
(ii) Address Line 2		
(iii) Country	<b>▼</b>	
(iv) Pin Code/Zip code		
(v) Area/Locality	V	
(vi) City		
(vii) District		
(viii) State/UT		
(ix) Email ID of the Significant Beneficial Owner		

## **Certificate by Practicing Professional**

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 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.

Category:	
Chartered accountant (in whole-time practice) or	
Cost accountant (in whole-time practice) or	
Company secretary (in whole-time practice)	
*To be digitally signed by	DSC BOX
*Whether associate or fellow:	
O Associate O Fellow	
*Membership number	
Certificate of practice number	
	Save
Note: Attention is drawn to provisions of Section 448 and 449 of the for false statement / certificate and punishment for false evidence in	
	respectively.
This eForm has been taken on file maintained by the register of c statement of correctness given by the Director and professional.	respectively.
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This eForm has been taken on file maintained by the register of estatement of correctness given by the Director and professional.  For office use only:  eForm Service request number (SRN)	ompanies through electronic mode and on the basis of