

# FORM 22

[Pursuant to section 165 of the  
Companies Act, 1956]

## Statutory report

Form Language ☐ English ☐ हिन्दी

**Note - All fields marked in \* are to be mandatorily filled.**

1.(a) \*Corporate identity number (CIN) of company

(b) Global location number (GLN) of company

2.(a) Name of the company

(b) Address of the registered  
office of the company

(c) \*e-mail ID of the company

3. \*Date of notice for holding the statutory meeting  (DD/MM/YYYY)

4. \*Date of the meeting  (DD/MM/YYYY)

5. \*Place where the meeting is to be held

Address Line I

Line II

City

State

Country

Pin code

**The Board of directors submit this statutory report to the members in pursuance of section 165.**

6. \* Shares allotted and cash received up to  (DD/MM/YYYY)

(a) Shares allotted subject to payment thereof in cash :

	Number of shares	Nominal value of each share (in Rs.)	Cash received up to above date (in Rs.)
(i) Equity	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Redeemable preference shares	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Shares allotted as fully paid-up otherwise than in cash and consideration for which they have been allotted

	Number of shares	Nominal value of each share (in Rs.)	Particulars of consideration
(i) Equity	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Redeemable preference shares	<input type="text"/>	<input type="text"/>	<input type="text"/>

(c) Shares allotted as partly paid upto the extent of Rs.  per share and the consideration for which they have been so allotted

	Number of shares	Nominal value of each share (in Rs.)	Cash received up to above date(in Rs.)	Particulars of consideration
(i) Equity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Redeemable preference shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Change in particulars of names, addresses and occupation of the company's directors, manager, secretary and auditor(s) (including dates of change)**

7. Particulars of directors

(i)

Director identification number (DIN)	<input type="text"/>		
Name	<input type="text"/>		
Income-tax permanent account number (Income-tax PAN)	<input type="text"/>		
Designation	<input type="text"/>		
Occupation	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
ISO country code	<input type="text"/>		
Country	<input type="text"/>		
Date of change	<input type="text"/>	(DD/MM/YYYY)	

(ii)

DIN	<input type="text"/>		
Name	<input type="text"/>		
Income-tax PAN	<input type="text"/>		
Designation	<input type="text"/>		
Occupation	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
ISO country code	<input type="text"/>		
Country	<input type="text"/>		
Date of change	<input type="text"/>	(DD/MM/YYYY)	

(iii)

DIN	<input type="text"/>		
Name	<input type="text"/>		
Income-tax PAN	<input type="text"/>		
Designation	<input type="text"/>		
Occupation	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
ISO country code	<input type="text"/>		
Country	<input type="text"/>		
Date of change	<input type="text"/>	(DD/MM/YYYY)	

#### 8. Particulars of manager

Income-tax PAN	<input type="text"/>		
Name	<input type="text"/>		
Occupation	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
ISO country code	<input type="text"/>		
Country	<input type="text"/>		
Date of change	<input type="text"/>	(DD/MM/YYYY)	

#### 9. Particulars of secretary

Income-tax PAN	<input type="text"/>		
Name	<input type="text"/>		
Occupation	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
ISO country code	<input type="text"/>		
Country	<input type="text"/>		
Date of change	<input type="text"/>	(DD/MM/YYYY)	

10. Particulars of auditors

(i) Membership number of the auditor or auditor's firm's registration number

Income-tax PAN of the auditor or auditor's firm

Name of the auditor or auditor's firm

Occupation

Address      Line I

                    Line II

City

State       Pin code

Country

Date of change  (DD/MM/YYYY)

(ii) Membership number of the auditor or auditor's firm's registration number

Income-tax PAN of the auditor or auditor's firm

Name of the auditor or auditor's firm

Occupation

Address      Line I

                    Line II

City

State       Pin code

Country

Date of change  (DD/MM/YYYY)

11. Particulars and proposed modifications (if any) of any contract which is to be submitted to the statutory meeting for approval.

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12.(a) Brief description of underwriting contracts

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(b) Reason(s), if contract has not been carried out fully and the extent to which it has not been carried out.

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#### Attachments

1. \* Notice of statutory meeting
2. \* Abstract of receipts and payments
3. \* Details of preliminary expenses
4. Details of the arrears, if any, due on calls from directors and managers
5. Details of particulars of any commission and brokerage paid or to be paid in connection with the issue or sale of shares or debentures to any director, or manager
6. Optional attachment(s) - if any

List of attachments

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### Verification

To the best of our knowledge and belief, the information given in this form and its attachments is correct and complete  
We have been authorised\* by the board of directors' resolution number \* \* [ ] dated \* [ ] (DD/MM/YYYY)  
to sign and submit this form.

### To be digitally signed by

1. Managing director or director of the company

\* Designation

\* DIN of the director or Managing Director

2. Director of the company

\* DIN of the director

### Certificate

We hereby certify as correct so much of the report as relates to the shares allotted by the company and to the cash received in respect of such shares and to receipts and payments.

Statutory auditor

\* Whether associate or fellow

☐

Associate

☐

Fellow

\* Membership number

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### For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)