

FORM 18

[Pursuant to section 146 of the
Companies Act, 1956]

Notice of situation or change of situation of registered office

Form Language

☐ English

☐ हिन्दी

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

1. This form is for ☐ New company ☐ Existing company

2.(a) Form 1A reference number (Service request number (SRN)
of Form 1A) or corporate identity number (CIN) of company

(b) Global location number (GLN) of company

3.(a) Name of the company

(b) Address of the
registered office of
the company

(c) Name of office of existing Registrar of Companies(RoC)

(d) Purpose of the form

- ☐ Change within local limits of city, town or village
☐ Change outside local limits of city, town or village
☐ Change in office of RoC within same state
☐ Change in state within office of same RoC
☐ Change in state outside office of existing RoC

4. Notice is hereby given that

(a) The address of the registered office of the company with effect from

☐ (DD/MM/YYYY) is

☐ The date of incorporation of the company is

* Address Line I

Line II

* City

* District

* State

Country

* Pin code

* e-mail ID

(b) Name of office of proposed RoC or new RoC

(c) The full address of the police station under whose jurisdiction the registered office of the company is situated

* Name

* Address Line I

Line II

* City

* State

* Pin code

5.(a) SRN of Form23

(b) SRN of relevant form

(Mention the SRN of related Form 1AD, 21; if applicable)

6.(a) Date of order of company law board (CLB) or any other competent authority

(DD/MM/YYYY)

(b) Petition number

Attachments

List of attachments

1. Optional attachment(s) - if any

Verification

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

☐ I have been authorised by the Board of directors' resolution number

dated

(DD/MM/YYYY)

to sign and submit this form

☐ I am authorised to sign and submit this form.

Managing director or director or manager or secretary of the company

* Designation

* Director identification number of the director or Managing Director; or Income-tax permanent account number (income-tax PAN) of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

☐ 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 or certificate of practice number

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing

(DD/MM/YYYY)