

# FORM 17

## Particulars for satisfaction of charges

[Pursuant to section 138 and  
pursuant to section 600 of the  
Companies Act, 1956]

Form Language ☐ English ☐ हिन्दी

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

1.(a) \* Corporate identity number (CIN) or foreign company registration number (FCRN) of the company

(b) Global location number (GLN) of company

2.(a) Name of the company

(b) Address of the  
registered office or of  
the principal place of  
business in India  
of the company

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

3. \* Whether charge is satisfied in favour of asset reconstruction company (ARC) or assignee

☐ Yes ☐ No

4. \* Charge creation identification (ID) number

(a) Particulars of the charge holder or ARC or assignee

CIN

Name

Address

\* e-mail ID

(b) Particulars of creation of original charge and subsequent modifications

(i) Charge creation date

(DD/MM/YYYY)

(ii) Charge last modified date

(DD/MM/YYYY)

(iii) \* Final amount secured

(In case the amount is in foreign currency, rupee equivalent to be stated) (in Rs.)

(iv) Amount secured by the charge in words

(v) In case amount secured by the charge is in foreign currency, mention details

5. \* Date of satisfaction of charge in full

(DD/MM/YYYY)

**Attachments**

List of attachments

1. Letter of the charge holder stating that the amount has been satisfied
2. Optional attachment(s) - if any

**Verification**

I confirm that all the information and particulars mentioned above are true and correct as per the company's record.

I have been authorised by the Board of directors' resolution number  dated  to sign and submit this form.

**To be digitally signed by**

Managing director or director or manager or secretary (In case of an Indian company or an authorised representative (In case of a foreign company)

(DD/MM/YYYY)

\* Designation

\* Director identification number of the director or Managing Director; or

Income-tax permanent account number(income-tax PAN) of the manager or authorised representative; 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)

**Verification**

To the best of my knowledge and belief, the information given in this form and its attachment(s) is correct and complete. I am duly authorised to sign this form.

**To be digitally signed by**

Designation

Charge holder (financial institution or bank or debenture holder etc.)

**To be digitally signed by**

Designation

ARC or assignee

**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 the 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

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**For office use only:**

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

It is certified that the above document for charge satisfaction is hereby registered

**Digital signature of the authorising officer**

Date of signing

(DD/MM/YYYY)