

FORM NO. INC-22

[Pursuant to section 12(2) & (4) of The Companies Act, 2013 and Rule 25 and 27 of The Companies(Incorporation) Rules, 2014]



सत्यमेव जयते

Notice of situation or change of situation of registered office

Form language English Hindi

Refer the instruction kit for filling the form.

1. * This Form is for New company Existing company

2. * (a) Corporate identity number (CIN) of company or SRN of Form No. INC-1

U52609KL2017PTC049681

Pre-fill

(b) Global location number (GLN) of company

3. (a) Name of the company

PHYGICART E-COMMERCE PRIVATE LIMITED

4. Notice is hereby given that

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

21/07/2017 (DD/MM/YYYY) at

the date of incorporation of company is

* Address Line I

DOOR NO.25/2216A, MANGALODHAYAM BUILDING,

Line II

* City

THRISSUR

* District

Thrissur

* State/Union Territory

Kerala-KL

Country

INDIA

* Pin Code

680001

* email ID

cs1@chemmanurinternational.com

(b) * Registered Office is

Owned by Company

Owned by Director(Not taken on lease by company)

Taken on Lease by company

Owned by any other entity/Person (Not taken on lease by company)

(c) * Name of office of Proposed RoC or new RoC

RoC - Ernakulam

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

* Name

THRISSUR EAST POLICE STATION

* Address Line I

NEW PATTALAM ROAD

Address Line II

SAKTHAN THAMPURAN NAGAR

* City

THRISSUR

State/Union Territory

Kerala

* Pincode

680001

(e) * Particulars of the Utility Services Bill depicting the address of the registered office (not older than two months)

Telephone Bill

Attachments

- (1) *Proof of Registered Office address
(Conveyance/Lease deed/Rent Agreement etc.
along with the rent receipts)
- (2) *Copies of the utility bills as mentioned
above (not older than two months)
- (4) *A proof that the Company is permitted to use the address
as the registered office of the Company if the same is owned
by any other entity/ Person (not taken on lease by company)
- (6) List of all the companies (specifying their CIN) having the
same registered office address, if any
- (7). Optional attachment, if any

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

BOARD RESOLUTION.pdf

Leave_and_License_Agreement.pdf

PHONE_BILL new.pdf

PROPERTY_TAX_RECEIPT new.pdf

Remove attachment

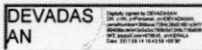
Declaration

I *

- A person named in the articles as a of the company
- have been authorized by the Board of Directors of the company vide resolution number dated to sign this form and declare that

- * all the requirements of The Companies Act,2013 and the rules 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 , a having Membership number and certificate of practice no certifying this form has been duly engaged for this purpose.

* To be digitally signed by 

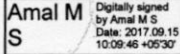
* Designation

* DIN 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 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 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. I further certify that :

1. 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;
2. All the required attachments have been completely and legibly attached to this form;
3. I further declare that I have personally visited the registered office given in the form at the address mentioned herein above and verified that the said registered office of the company is functioning for the business purposes of the company.

To be digitally signed by 

- Category
- Chartered accountant (in whole time practice) or Cost accountant (in whole time practice) or
 - Company secretary (in whole time practice)

Whether Associate Fellow

Membership number

Certificate of Practice number

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement/certificate and punishment for false evidence respectively.

Modify Check Form Prescrutiny Submit

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorizing officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)