

# Additional attachments to Form AOC-4

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

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

Pre-Fill

(b) Global location number (GLN) of company

2. (a) Name of the company

(b) Address of the registered office of the company

3. \*Financial year end date  (DD/MM/YYYY)

**(Ensure that correct type of document is selected from the list of documents given in the drop down below)  
(Maximum five documents can be attached)**

4.(a) \*Document type

Attach

## List of Attachment(s)

Remove attachment

## Declaration

I am authorized by the Board of Directors of the Company vide \*resolution number  \*dated   
to sign this form and declare that attachments have been completely and legibly attached to this form.

\*To be digitally signed by

\*Designation

\*Director identification number of the director; or  
PAN of the manager or CEO or CFO ; or Membership  
number of the 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/certified records maintained by the Company/ applicant 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. It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

\*  Chartered Accountant (in whole time practice)  Cost accountant (in whole time practice)

Company secretary (in whole time practice)

\*Whether associate or fellow  Associate  Fellow

\*Membership number

Modify

Verify

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#### For office use only:

eForm Service request number (SRN)

eForm filing date

#### Digital signature of the authorizing officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

OR

**This eForm has been taken on file maintained by the Registrar of Companies through electronic mode and on the basis of statement of correctness given by the company**