## **FORM 20B**

[Refer section 159 of the Companies Act, 1956]

## Form for filing annual return by a company having a share capital with the Registrar

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

Authorised capital of the company as on the date of filling (in Rs.)
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 Line I registered office of the company Line II
*City
*State
Country
*Pin code
(c) Telephone number with STD code (d) Fax
(e) *e-mail ID of the company
(f) Website
3. *Whether shares listed on recognised stock exchange Yes No
If yes, stock exchange code: A B
4. *Financial year end date to which the annual general meeting (AGM) relates [DD/MM/YYYY]
5. *Whether annual general meeting (AGM) held Yes No
(a) If yes, date of AGM (DD/MM/YYYY)
(b) *Due date of AGM (DD/MM/YYYY)
(c) *Whether any extension for financial year or AGM granted Yes No
(d) If yes, due date of AGM after grant of extension (DD/MM/YYYY)
I. Capital Structure of the company as on the date of AGM or latest due date thereof
6. *Authorised capital of the company (in Rs.)
Break up of Authorised capital
*Number of equity shares   Total amount of equity shares (in Rs.)
Nominal amount per equity share
*Number of preference shares  Total amount of preference shares  (in Rs.)
Nominal amount per preference share
Number of unclassified shares  Total amount of unclassified shares  (in Rs.)

7. Issued capital of the company	(In Rs.)		
Break up of Issued capital			
*Number of equity shares		Total amount of equity s	hares (in Rs.)
Nominal amount per equity share			
*Number of preference shares		Total amount of preferer	nce shares (in Rs.)
Nominal amount per preference share			
8. *Subscribed capital of the compan	y (in Rs.)		
Break up of Subscribed capital			
*Number of equity shares		Total amount of equity s	hares (in Rs.)
Nominal amount per equity share			
*Number of preference shares		Total amount of preferer	nce shares (in Rs.)
Nominal amount per preference share			
9. *Paid up capital of the company	(in Rs.)		
Break up of Paid up capital			
*Number of equity shares		Total amount of equity s	hares (in Rs.)
Nominal amount per equity share			
*Number of preference shares		Total amount of preferen	nce shares (in Rs.)
Nominal amount per preference share			
10 *Total departures of the company	/ (in Rs.)		
<ol> <li>*Total debentures of the company Break up of Debenture</li> </ol>	(111 K5.)		
*Number of non convertible debentures		Total amount of non con debentures	vertible (in Rs.)
Nominal amount per non convertible debenture			
*Number of partly convertible debentures		Total amount of partly convertible debentures	(in Rs.)
Nominal amount per partly convertible debenture			
*Number of fully convertible debentures		Total amount of fully condebentures	vertible (in Rs.)
Nominal amount per fully convertible debenture			
II. Indebtness of the compar (secured loans including i	•		
11.* Amount	(in Rs.)		

## III. Equity share breakup (percentage of total equity) as on the date of AGM or latest due date thereof

	Category	Percentage
1.	Government [Central and State]	
2.	Government companies	
3.	Public financial companies	
4.	Nationalised or other banks	
5.	Mutual funds	
6.	Venture capital	
7.	Foreign holdings (Foreign institutional investor(s), Foreign companie(s) Foreign financial institution(s), Non-resident indian(s) or Overseas corporate bodies or Others)	
8.	Bodies corporate (not mentioned above)	
9.	Directors or relatives of directors	
10.	Other top fifty (50) shareholders (other than listed above)	
11.	Others	
12.	Total	
or latest ( 2.*Number of d ollowing detains	f directors(s), Managing Director, manager and secretary due date thereof lirector(s), Managing Director, manager and secretary lils are to be entered only in case date of AGM is on or after 1st July'20 identification number (DIN) in case of director, Managing Director and Incomplete (DIN) in case of director, Managing Director and Incomplete (DIN) in case of director, Managing Director and Incomplete (DIN) in case of director, Managing Director and Incomplete (DIN) in case of director, Managing Director and Incomplete (DIN) in case of director, Managing Director and Incomplete (DIN) in case of director, Managing Director and Incomplete (DIN) in case of director, Managing Director and Incomplete (DIN) in case (DIN) in ca	007
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DIN or Income-tax PAN Name	
Designation	Date of appointment
lumber of equity share(s) h	per cent
Vhether he/she has signed	the annual return Yes No
yes, date of signing	(DD/MM/YYYY)
associated with the of the control o	naging Director, manager and secretary who ceased to be company since the date of last AGM anaging Director, manager and secretary entered only in case date of AGM is on or after 1st July'2007
DIN or Income-tax PAN  Name	or, Managing Director and income-tax PAN in case of manager, secretary
Designation Date of appointment	Date of cessation
DIN or Income-tax PAN Name	
Designation  Date of appointment	Date of cessation
DIN or Income-tax PAN Name	
Designation	
	Date of cessation

DIN or incol	me-tax PAN										
Name											
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4. In case of	f a listed comp	oany, detai	ils of secret	tary in whole	time practio	ce certi	ifying t	ne annua	al return	1	
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Name Whether ass	ociate or fello	N				ce certi	ifying t	ne annua	al return	1	
Name Whether ass		N				ce certi	ifying t	ne annua	al return	1	
Name Whether ass Certificate of	ociate or fello	v OA	Associate	○ Fell	ow						○ No
Name Whether ass Certificate of	ociate or fello	N A	Associate	Fell	ow rs has beer	n enclo	osed as	s attachn		Yes	○ No
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I confirm that all the particulars required under section 159 and best of my knowledge and belie	Schedule V and which	n is duly signed a	s required un	der section	n 161 of the	Act. To the
I have been authorised by the I to sign and submit this form.	Board of directors' reso	lution number *		dated *		(DD/MM/YYYY)
To be digitally signed by			_			
Managing Director or director of the company	or manager or secretary	,				
*Designation						
*DIN of the director or Managin Income-tax PAN of the manag Membership number, if applica the secretary (secretary of a co member of ICSI, may quote his	er; or able or income-tax PAN ompany who is not a					
Certificate It is hereby certified that I have	e verified the above par	ticulars (includin	g attachment	(s)) from th	e records of	
and found them to be true and attached to this form.	correct. I further certify	that all required	attachment(s	s) have be	en completel	у
Chartered accountant (in w	hole-time practice) or	Cost accor	untant (in who	ole-time pra	actice) or	
Ocompany secretary (in who	ole-time practice)					
*Whether associate or fellow	Associate	Fellow				
*Membership number or certifi	cate of practice numbe	r				

Verification

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 filing company