**FORM 15**

**THE COMPANIES ACT, 2017**

**THE COMPANIES (GENERAL PROVISIONS AND FORMS) REGULATIONS, 2018**

**[Sections 14(1)(c) and Regulation 27]**

**NOTICE OF APPOINTMENT OR CHANGE OF NOMINEE OR CHANGE IN HIS PARTICULARS**

**(For Single Member Company only)**

**PART-I**

|  |
| --- |
| *(Please complete in typescript or in bold block capitals.)* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 | CUIN (Registration Number) |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1.2 | Name of the Company |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.3 | Fee Payment Details | 1.3.1 | Challan No |  | 1.3.2 | Amount |  |

**PART-II**

2. Details of Nominee:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2.1 | Name |  |
|  |  |  |  |
|  | 2.2 | NIC No |  |
|  |  |  |  |
|  | 2.3 | Residential address |  |
|  |  |  |  |
|  | 2.4 | Telephone number |  |
|  |  |  |  |
|  | 2.5 | Email address |  |
|  |  |  |  |
|  | 2.6 | Relationship of Nominee with single member |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2.7 | Signature of Nominee |  |

*(Nominee shall not be a person other than relatives of the member- namely, a spouse, father, mother, brother, sister and son or daughter)*

**PART-III**

|  |  |
| --- | --- |
| 3.1 | Declaration:  I do hereby solemnly~~,~~ and sincerely declare that the information provided in the form is:  (i) true and correct to the best of my knowledge, in consonance with the record as maintained by the Company and nothing has been concealed; and  (ii) hereby reported after complying with and fulfilling all requirements under the relevant provisions of law, rules, regulations, directives, circulars and notifications whichever is applicable. |

|  |  |  |  |
| --- | --- | --- | --- |
| 3.2 | Name of Authorized Officer with designation/ Authorized Intermediary |  |  |

|  |  |  |
| --- | --- | --- |
| 3.3 | Signatures |  |

|  |  |  |
| --- | --- | --- |
| 3.4 | Registration No of Authorized Intermediary, if applicable |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Day | |  | Month | |  | Year | | | |
| 3.5 | Date |  |  |  |  |  |  |  |  |  |  |