**Form 38**

**THE COMPANIES ACT, 2017**

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

**[Section 424(1) and Regulations 4 & 36]**

**APPLICATION FOR OBTAINING STATUS OF INACTIVE COMPANY**

**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-III**

|  |  |  |
| --- | --- | --- |
| 2.1 | Precise reasons for obtaining status of inactive company |  |

|  |  |  |
| --- | --- | --- |
| 2.2 | Date of last AGM, if any |  |

|  |  |  |
| --- | --- | --- |
| 2.3 | Date of special resolution |  |

*Attach copy of special resolution*

|  |  |  |
| --- | --- | --- |
| 2.4 | Address of Company after obtaining inactive status. |  |

**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.  I further declare that the company after obtaining inactive status, shall not carry on any business or operation or make any significant accounting transaction unless it obtains status of active company in terms of sub-section (5) of section 425 of the Act. |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |  |