FORM

[Pursuant to Companies Fresh Start Scheme,2020]

Application for issue of immunity certificate under the Companies Fresh Start Scheme (CFSS), 2020

	/ Madam,		
	ereby make an application for issue of immunity heme, 2020 and give below the following particular		sh Start
	(a) Corporate identity number (CIN)		Pre-fill
)	Global Location Number (GLN) of company		
	(a) Name of the company		
	(b) Address of the registered office or principal	place of business in India of the cor	npany
	(c) email id of the company		

RN .	Form number(s)	Dute of filing (DD/MM/YYY Y)	Date of event (DD/MM/YYYY)	Normal Fees charged under CFSS, 2020 (in Rs.)	Total Fees paid (in Rs.)
otal			ed against any n	otice issued or complaint filed	or an order passed
3	1. Whether any ag	opeal(s) was fi	authority under	the Art before a competent	court or authority .
1	by a court or by a defore the comme	n adjudicating ncement of th	authority under e Scheme, for vic	the Act, before a competent plation of the provisions under poof of withdrawal of such app	court or authority , the Act in respect of

 Whether any prosecution(s) is pending in court against the company and its officers in respect of belated documents filed under the scheme. If yes, provide the details thereof as an attachment.
 Yes No

Att	achments		List of attachments
L	Proof of withdrawal of any appeal(s) against any		
	notice issued or complaint filed or an order passed by a court or by an adjudicating authority under the Act.	Attach	
ì	Details in respect of prosecution(s) pending against the company and its officers in respect of belated documents		
	filed under the scheme which requires withdrawal by the Registrar.	Attach	
	Optional attachment(s) - if any	Attach	Remove Attachment

Verification

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

☐ I have be	en authorised by th	e Board of directors' resolution number
	dated	(DD/MM/YYYY) to sign and submit this application.
☐ I am dul	y authorized by the	Board of director's to sign and submit this application.

The company has failed to com- respect of filing of above mention			ed in
The company has withdrawn the Regional Director or any other a			NCLAT or
To be digitally signed by Designation		DSC BOX	
Director Identification Number of to	EO or CFO;		
or Membership number of the secr	etary		
Modify	Check Form	Prescrutiny	Submit
For office use only:		Affix filing details	
eForm Service request number (SR	1)	eForm filing date	(DD/MM/YYY)
Digital signature of the authorising	officer		
This e-Form is hereby approved			
This e-Form is hereby rejected		Con	firm Submission
Date of closing		(DD/MM/YYYY	

Y