

- चार्टर्ड अकाउंटेंट (पूर्णकालिक व्यवसायरत) ○ लागत लेखाकार (पूर्णकालिक व्यवसायरत)
- कंपनी सचिव (पूर्णकालिक व्यवसायरत) (डीएससी बॉक्स)
- क्या एसोशिएट या फैलो है *एसोशिएट *फैलो
- सदस्यता संख्या
- प्रैक्टिस संख्या प्रमाणपत्र

संशोधन करें**प्ररूप चैक करें****पूर्व संवीक्षा****प्रस्तुत करें**

टिप्पण: धारा 448 और 449 के उपबंधों की ओर ध्यान आकर्षित किया जाता है जो क्रमशः मिथ्या कथन के लिए दंड और मिथ्या साक्ष्यों के लिए दंड का उपबंध करता है।

यह ई-प्ररूप कंपनी रजिस्ट्रार द्वारा रखी गई फाइल में इलेक्ट्रॉनिक माध्यम से लिया गया है और निदेशक और पेशेवर द्वारा दिए गए यथार्थता के कथन पर आधारित है।

[फा. सं. 1/1/2018 सीएल. V]

के.वी. आर. मूर्ति, संयुक्त सचिव


टिप्पण: मूल नियम भारत के राजपत्र, भाग-II, असाधारण, खंड 3, उपखंड (i) में अधिसूचना संख्या सा.का.नि.561(अ) तारीख 13 जून, 2018 द्वारा प्रकाशित किए गए थे और इसके पश्चात् दिनांक 8 फरवरी, 2019 की अधिसूचना संख्या सा.का.नि.100(अ) द्वारा संशोधित किए गए।

MINISTRY OF CORPORATE AFFAIRS**NOTIFICATION**

New Delhi, the 1st July, 2019

G.S.R. 466(E).—In exercise of the powers conferred by sub-sections (1) and (2) of section 469 read with section 90 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (Significant Beneficial Owners) Rules, 2018, namely:-

- (1) These rules may be called the Companies (Significant Beneficial Owners) second Amendment Rules, 2019.
- (2) They shall come into force on the date of their publication in the Official Gazette.
2. In the principal rules, for Form No. BEN-2, the following Form shall be substituted, namely:—

<p>FORM NO. BEN-2 [Pursuant to section 90(4) of The Companies Act, 2013 and rule 4 and rule 8 of the Companies (Significant Beneficial Owners) Rules, 2018]</p>	 सत्यमेव जयते	<p>Return to the Registrar in respect of declaration under section 90</p>
<p>Form language <input type="radio"/> English <input type="radio"/> Hindi</p> <p>Refer the instruction kit for filing the form.</p>		

1. (a) *Corporate Identity Number (CIN) of company

Pre-fill

2. (a) Name of the company

(b) Registered Office Address

(c) *email Id

3. * Purpose of filing the form

For declaration of holding reporting company
CIN of the holding reporting company

For declaration of Significant Beneficial Ownership under Section 90

Number of Significant Beneficial Owners for whom the form
is being filed

For Change in Significant Beneficial Ownership under Section 90

Significant Beneficial Owner	Number of Members through whom indirect holding or right in reporting company is being exercised
SBO1	
SBO2	
SBO3	
SBO4	
SBO5	
SBO6	
SBO7	
SBO8	
SBO9	

SBO1 I.

(A) Details of the Member

* Manner in which significant beneficial interest is being held or exercised either indirectly or together with any direct holding or right (select one or more as may be applicable)

- By virtue of shares %
- By virtue of voting rights in shares %
- By virtue of rights on distributable dividend or any other distribution %
- By virtue of exercise of control (attach copy of agreement)
- By virtue of exercise of significant influence (attach copy of agreement)

Particulars of the Member

(a) Type of Member

(b) Corporate Identity number(CIN) or Foreign Company Registration
Number (FCRN) or Limited liability partnership Identification number(LLPIN)
or any other registration number

Pre-fill

(c) Name of the Member

(d) Address

Line I

Line II

City

State

Country

Pin Code

- (e) Email ID of the Member
- (f) Date of entry of name in register u/s 88 (DD/MM/YYYY)
- (B) Status of the SBO

- (C) Whether individual (SBO) has majority stake in the
 Member of the Reporting Company
 Ultimate Holding Company of the member of the reporting company

Corporate Identity number (CIN) or FCRN or any other registration number

Pre-fill

Name of the ultimate holding company

- (D) Whether the individual (SBO):
 is a Partner of the member
 holds majority stake in the body corporate partner
 holds majority stake in the ultimate holding company of the body corporate partner

Corporate Identity number(CIN) or FCRN or any other registration

Pre-fill

Name of the body corporate partner/ ultimate holding company

- (E) Particulars of the Significant Beneficial Owner

ID of the Significant Beneficial Owner

Pre-fill

- (a) Name

First name

Last name

Middle name

- (b) Father's Name (Even married women must give father's name)

First name

Last name

Middle name

- (c) Date of birth (DD/MM/YYYY)

- (d) Nationality

- (e) Whether a citizen of India

Yes

No

- (f) Income Tax PAN

Verify Income-tax PAN Details

- (g) Passport Number

- (h) Address

Line I

Line II

City

State

Country

Pin Code

- (i) Email ID of the Significant Beneficial Owner
- (j) Date of acquiring Significant Beneficial Interest (DD/MM/YYYY)
- (k) Date of declarations under sub-section (1) of section 90 (DD/MM/YYYY)
- (l) Date of receipt of the declaration by the company (DD/MM/YYYY)

- (m) Whether Significant Beneficial Owner has any direct holding or right in the reporting company
 Yes No

If yes, enter details below:

- By virtue of shares %
- By virtue of voting rights in shares %
- By virtue of rights on distributable dividend or any other distribution %
- By virtue of exercise of control (attach copy of agreement)
- By virtue of exercise of significant influence (attach copy of agreement)

List of

Attachments:

- *Declaration under Section 90
- Optional attachments, if any

Attach

Attach

Remove attachment

Declaration

To the best of my knowledge and belief, the information given in this form and attachments is correct and complete. I have been authorized by board of directors' resolution dated* (DD/MM/YYYY) to sign and submit this form.

*To be digitally signed by DSC BOX

*Designation

*Director identification number of the director; or
 DIN or PAN of the manager or CEO or CFO; or
 Membership number of company secretary.

Certificate by Practicing Professional

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 records maintained by the Company 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.

Chartered Accountant (in whole-time practice) or Cost Accountant (in whole-time practice) or

Company Secretary (in whole-time practice) DSC BOX

Whether Associate or Fellow

Associate Fellow

Membership Number

Certificate of Practice Number

Modify

Check form

Prescrutiny

Submit

Note : Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.

This e-Form has been taken on file maintained by the register of companies through electronic mode and on the basis of statement of correctness given by the Director and professional.

[F.No. 1/1/2018 CL-V]

K.V.R.MURTY, Jt. Secy.

Note : The principal rules were published in the Gazette of India, Part II, Extra ordinary, Section 3, Sub-section (i) *vide* number G.S.R. 561(E), dated the 13th June, 2018 and subsequently amended *vide* number G.S.R.100 (E), dated the 8th February, 2019.