

FORM NDH-3

(Pursuant to rule 21 of Nidhi Rules, 2014)

HALF YEARLY RETURN

(All information shall be furnished for the half year ended 30th September and 31st March of every year; wherever space is not sufficient, separate sheet containing the required details shall be attached)

1. Name of the Nidhi

2. CIN

3. Registered office

4. Branch details

- (i) Total Number of branches
- (ii) Names and addresses of branches within the district

- (iii) Names and addresses of branches outside the District, if any
- (iv) Number of branches opened during the half year and their addresses
- (v) Number of branches closed during the half year and their addresses

5. Membership

- (a) Total number of members at the beginning of the half-year
- (b) Number of persons admitted as members during the half year
- (c) Number of persons who have ceased to be members during the half year
- (d) Total number of members at the end of the half year

6. Deposits (Amount in Rs)

Nature of deposits	Balance of deposits at the beginning of the half year	Received during the half year	Repaid during the half year	Balance of deposits at the end of the half year
Fixed Deposit				
Recurring Deposit				
Savings Deposit				

Cumulative Deposit				
Others, if any (specify)				
TOTAL				

7. Loans (Amount in Rs)

Nature of Loans	Balance of Loan at the beginning of the half year	Disbursed during the half year	Realized during the half year	Balance of Loans at the end of the half year
Loans against immovable property				
Loans against Jewels				
Loans against Deposits				
Other loans, if any (specify security)				
Loans to employees				
TOTAL				

8. Details relating to litigation, if any.

	At the beginning of the half year		Filed during the half year		Disposed off during the half year		Outstanding at the end of the half year	
	No: of cases	Amount (Rs)	No: of cases	Amount (Rs)	No: of cases	Amount (Rs)	No: of cases	Amount (Rs)
Suit filed accounts								

9. Financial summary:

- (i) Ratio of Net Owned Funds to Deposits
- (ii) Total amount of unencumbered Term Deposits(Rs)

- (iii) Names and addresses of the Scheduled Commercial Bank/Post Office where such deposits have been Placed, with the amount of deposit in each.
- (iv) Percentage of unencumbered Term Deposits to the total deposits outstanding
- (v) Paid up share capital(total)
- (vi) Amount of paid up Preference Share capital
 - (a) Outstanding at the beginning of the half year
 - (b) Redeemed during the period
 - (c) Outstanding at the end of the half year

Verification

I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to sign this form and declare that all the requirements of Companies Act, 2013 (18 of 2013) and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed. It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Designation (to be given)

DIN of the person signing the form

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 (18 of 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 (name of Nidhi) 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. I further certify that;

a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;

b. All the required attachments have been completely and legibly attached to this form;

c. It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

Signature

Chartered Accountant/ Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

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