

FORM EES, 2011

Application for striking off the name of company under the Easy Exit Scheme (EES), 2011

[Pursuant to Easy Exit Scheme, 2011]

Note - All fields marked in * are to be mandatorily filled.

To
The Registrar of Companies

Sir/ Madam,

The company after carefully considering all aspects has duly resolved in the Board meeting held on* (DD/MM/YYYY) to make an application for striking the name of our company off the Register u/s 560 of the Companies Act, 1956.

I, hereby make an application for striking the name of the company off the Register u/s 560 of the Companies Act, 1956.

I furnish the following details for consideration of the application

1.(a) *Corporate identity number (CIN) of the company

(b) Global location number (GLN) of company

(c) Name of the company

(d) Address of the
registered office
of the company

(e) *e-mail ID of the company

(f) Date of incorporation of the company

(DD/MM/YYYY)

2. (a) *Whether the company is listed or not

☐ Yes ☐ No

(b) *Whether the company has been delisted

☐ Yes ☐ No

3. (a) *Whether the company is a Collective Investment Management Company (CIMC)

☐ Yes ☐ No

(b) *Whether the company is a plantation company

☐ Yes ☐ No

(c) If company is registered with Securities and Exchange Board of India (SEBI), enter registration number

4. (a) *Whether the company is a Non Banking Financial Company (NBFC)

☐ Yes ☐ No

(b) If company is registered with Reserve Bank of India (RBI), enter registration number

5. *Whether the company is a venture capital company

☐ Yes ☐ No

6. Details of director(s), Managing Director, manager, secretary of the company

*Number of director(s), Managing Director, manager, secretary

(In case of director or Managing Director, enter Director identification number (DIN) if available. Otherwise provide Income-tax permanent account number (Income-tax PAN) or passport number)

* <input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number	<input type="text"/>
*Designation	<input type="text"/>
*Name	<input type="text"/>
*Present residential address	
Line I	<input type="text"/>
Line II	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ISO country code	<input type="text"/>
Country	<input type="text"/>
Pin code	<input type="text"/>

<input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number	<input type="text"/>
Designation	<input type="text"/>
Name	<input type="text"/>
Present residential address	
Line I	<input type="text"/>
Line II	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ISO country code	<input type="text"/>
Country	<input type="text"/>
Pin code	<input type="text"/>

<input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number	<input type="text"/>
Designation	<input type="text"/>
Name	<input type="text"/>
Present residential address	
Line I	<input type="text"/>
Line II	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ISO country code	<input type="text"/>
Country	<input type="text"/>
Pin code	<input type="text"/>

<input type="radio"/> DIN or <input type="radio"/> Income-tax PAN or <input type="radio"/> Passport number	<input type="text"/>
Designation	<input type="text"/>
Name	<input type="text"/>
Present residential address	
Line I	<input type="text"/>
Line II	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ISO country code	<input type="text"/>
Country	<input type="text"/>
Pin code	<input type="text"/>

7. *Brief description of main objects of the company as per Memorandum of Association (MoA)

8. *Brief description of main business last carried out by the company

9. *Whether there are litigation(s) pending against or involving the company

If yes, provide details

☐ Yes ☐ No

10. *Whether the application is being digitally signed by Managing Director, director, manager ☐ Yes ☐ No
or secretary of the company. If No, attachment at serial number 5 is mandatory

11. I hereby confirm that:

- * ☐ there is no inspection or investigation ordered and carried out or yet to be taken up against the company or where completed, there is no prosecution pending in the court arising out of such inspection or investigation
- * ☐ reply is not pending in respect of any order issued u/s 234 of the Act to the company or where action completed, no prosecution is pending in the court
- * ☐ there is no prosecution for any non-compoundable offence pending in court against the company
- * ☐ the company is not having any public deposits which are either outstanding or the company is in default in repayment of the same
- * ☐ the company is not having any secured loans
- * ☐ there is no management dispute in the company
- * ☐ filing of documents has not been stayed by Court or Company law board (CLB) or Central Government or any other competent authority
- * ☐ the company does not have any dues towards Income Tax/ Sales Tax/ Central Excise/ Banks and Financial institutions or any other Central or State Government Departments/ Authorities or any Local Authorities.

- * ☐ 12. I/ We shall be liable under section 628 of the Companies Act, 1956 and under relevant provisions of the Indian Penal Code and any other law as applicable if I/ we make any statement in this application (including attachments)-
(a) which is false in any material particular, knowing it to be false; or
(b) which omits any material fact knowing it to be material

13. Details of assets and liabilities as given in the statement of accounts (As per annexure C of the Scheme)

*Statement of account as on (DD/MM/YYYY)

Particulars	Amount (in Rs.)
I. Source of funds	
(a) *Share capital	
(b) *Reserves and surplus (including balance in Profit and Loss Account)	
(c) Secured loans	
(d) *Debentures	
(e) *Unsecured loans	
(f) Public deposits	
(g) Total loan funds (Sum of (c) to (f))	
(h) *Others (Please specify)	
<input type="text"/>	
(i) Total of (a), (b), (g), (h)	
II. Application of funds	
(a) *Fixed assets	
(b) *Investments	
(c) *Current assets, loans and advances	
(d) Current liabilities and provisions	
(i) *Creditors	
(ii) *Unpaid dividend	
(iii) *Payables	
(iv) *Others	
(v) Total current liabilities and provisions	
(e) Net current assets [(c) - (d)]	
(f) *Miscellaneous expenditure to the extent not written off or adjusted	
(g) *Profit and loss account (debit balance)	
(h) *Others (Please specify)	
<input type="text"/>	
(i) Total of (a), (b), (e) to (h)	

Attachments

1. * A duly certified statement of account by a chartered accountant in whole-time practice or statutory auditor of the company (As per annexure C of the Scheme)
2. * Copy of Board resolution showing authorisation given for filing this application
3. * Affidavit (to be given individually by director(s)) (As per annexure A of the Scheme)
4. * Indemnity bond (to be given individually or collectively by director(s) (As per annexure B of the Scheme)
5. In case application is not digitally signed by the company representative, copy of application duly signed by the director, Managing Director, manager or secretary
6. Copy of no objection certificate (NOC) from concerned administrative Ministry/ Department/ State Government (in case of a government company)
7. Optional attachment(s)

List of attachments

Verification

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

I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this application.

To be digitally signed by

Managing Director or director or manager or secretary

Designation

Director identification number of the director or Managing Director; or Income-tax permanent account number (Income-tax PAN) of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this application.

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or ☐ Company secretary (in whole-time practice)

*Whether associate or fellow ☐ Associate ☐ Fellow

*Membership number or certificate of practice number

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)