

## Form No. INC-23

Application to the Regional Director for approval to shift the Registered office from one state to another state or from jurisdiction of one Registrar to another Registrar within the same State

[Pursuant to section 12(5) and 13(4) of the Companies Act, 2013 and rule 28 and 30 of the Companies (Incorporation) Rules, 2014]



Form language

English

Hindi

*Refer instruction kit for filing the form.*

*All fields marked in \* are mandatory*

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### 1 Company Information

(a) \*Corporate Identity Number (CIN)

(b) \*Name of the company

(c) \*Address of the registered office of the company

(d) \*Email ID of the company

2 \*Purpose of filing of form  
*Change in ROC within the same state/Change in State within the jurisdiction of existing ROC /Change in State outside the jurisdiction of existing ROC*

3 \*Have you filed MGT-14?

Yes  No

(a) If yes, enter service request number (SRN) of Form MGT-14

4 (a) \*Name of the state/Union territory where the new registered office of the company would be situated

(b) \*Name of the office of new ROC where the new proposed registered office of the company would be situated

5 \*Reasons for shifting the Registered Office, along with facts of the case (Provide a concise statement of facts in a chronological order, each paragraph containing as nearly as possible a separate issue, fact or otherwise.)

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## 6 Advertisement and objection details

(a) \*Any objections received in response to the advertisement

Yes  No

(b) Brief details of the objections received in response to the advertisement

(c) \*Date of publishing of Advertisement in English (DD/MM/YYYY)

(d) \*Date of publishing of Advertisement in Vernacular Language (DD/MM/YYYY)

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## 7 Details of pending prosecution/ inquiry / inspection/ investigation

(a) \*Whether any prosecution is pending against the company under the Act

Yes  No

(b) If yes, give brief details of the prosecution

8 (a) Whether any of the following is initiated against the company under the Act

Inquiry  Inspection  Investigation

(b) If yes, give brief details of the inquiry, inspection, investigation

9 (a) \*Whether the company has serviced the copy of the application with complete annexures with the chief secretary of the state

Yes  No

(b) If yes, specify the date of acknowledgement of service (DD/MM/YYYY)

(c) \*Whether any application is pending before the Adjudicating officers, Central Government and NCLT for condonation of delay, adjudication and compounding

Yes  No

(d) If Yes, specify the details of such pending application

## 10 List of creditors

S.No	Name of creditor	Address	Nature	Amounts due in respect of debts, claims or liabilities
1 <input type="checkbox"/>				
2 <input type="checkbox"/>				
3 <input type="checkbox"/>				

Add row

Delete row

## 11 List of debenture holders

S.No	Name of debenture holders	Address	Nature	Amounts due in respect of debts, claims or liabilities
1 <input type="checkbox"/>				
2 <input type="checkbox"/>				
3 <input type="checkbox"/>				

Add row

Delete row

## Attachments

(a) \*Power of attorney/vakalatnama/Board resolution

Max 2 MB

Choose File

Remove

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(b) \*Copy of newspaper advertisement for notice of shifting the registered office

Max 2 MB

Choose File

Remove

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(c) \*Acknowledgement of Proof of service of the application to the Chief secretary of the state, SEBI or any other regulatory authority (if applicable)

Max 2 MB

Choose File

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(d) Copy of objections (if received any)

Max 2 MB

Choose File

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(e) Optional attachment, if any.

Max 2 MB

Choose File

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## Declaration

I am authorised by the Board of Directors of the Company vide resolution number \*   
Dated (DD/MM/YYYY)\*  to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with.

I further declare that:

- \*Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the company.
- \*All the required attachments have been completely and legibly attached to this form.
- \*Any application, writ petition or suit had not been filed regarding the matter in respect of which this petition/application has been made, before any court of law or any other authority or any other Bench or the Board and not any such application, writ petition or suit is pending before any of them.
- \*The company has not defaulted in payment of dues to its workmen and has either the consent of its creditors for the proposed shifting or has made necessary provision for the payment thereof.
- \*The company shall not seek change in the jurisdiction of the Court where cases for prosecution are pending.
- \*No employee shall be retrenched as a consequence of shifting of the registered office from one state to another state and also there shall be an application filed by the company to the Chief Secretary of the concerned State Government or the Union territory.
- \*A full enquiry has been made into the affairs of the company and, having done so, it is concluded that the list of creditors are correct, and that the estimated value as given in the list of the debts or claims payable on a contingency or not ascertained are proper estimates of the values of such debts and claims and that there are no other debts of or claims against the company to their knowledge.

**\*To be digitally signed by**

DSC BOX

\*Designation

*(Director/Manager/Company Secretary/CEO/ CFO)*

\*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the Company Secretary

Save

Submit

**Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement/certificate and punishment for false evidence respectively.**

***For office use only:***

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**Digital signature of the authorising officer**

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)