FORM 20B

[Refer section 159 of the Companies Act, 1956]

Form for filing annual return by a company having a share capital with the Registrar

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

Authorised capital of the company as on the date of Filing (in Rs.)
1(a) *Corporate identity number (CIN) of company
(b) Global location number (GLN) of company
2(a) Name of the company
(b) * Address of the Line I registered office of the company Line II
* City
* State
Country
* Pin Code
(c) Telephone number with STD code (d) Fax
(e) * e-mail ID of the company
(f) Website
3.* Whether shares listed on recognised stock exchange Yes No
If yes, stock exchange code: A B
4.* Financial year end date to which the annual general meeting (AGM) relates (DD/MM/YYY)
5.* Whether annual general meeting (AGM) held Yes No
(a) If yes, date of AGM (DD/MM/YYYY)
(b)* Due date of AGM (DD/MM/YYYY)
(c)* Whether any extension for financial year or AGM granted Yes No
(d) If yes, due date of AGM after grant of extension (DD/MM/YYYY)
I. Capital Structure of the company as on the date of AGM or latest due date thereof
6. * Authorised capital of the company (in Rs.)
Break up of Authorised capital
* Number of equity shares Total amount of equity shares (in Rs.)
Nominal amount per equity share
*Number of preference shares
Nominal amount per preference share
Number of unclassified shares Total amount of unclassified shares (in Rs.)

7.* Issued capital of the company	(in Rs.)		
Break up of Issued capital	L		
*Number of equity shares	Т	otal amount of equity shares (in Rs.)	
Nominal amount per equity share			
*Number of preference shares	Т	otal amount of preference shares (in Rs.)	
Nominal amount per preference share			
8. * Subscribed capital of the compa	any (in Rs.)		
Break up of Subscribed share cap	oital		
*Number of equity shares	Т	Total amount of equity shares (in Rs.)	
Nominal amount per equity share			
* Number of preference shares	Т	otal amount of preference shares (in Rs.)	
Nominal amount per preference share		(
9. * Paid up capital of the company	(in Rs.)		
Break up of Paid up capital			
* Number of equity shares	Т	otal amount of equity shares (in Rs.)	
Nominal amount per equity share			
* Number of preference shares	Т	Total amount of preference shares (in Rs.)	
Nominal amount per preference share			
10. *Total debentures of the compar	ny (in Rs.)		
Break up of Debenture			
* Number of non convertible debentures	1	otal amount of non convertible lebentures (in Rs.)	
Nominal amount per non convertible debenture			
* Number of partly convertible debentures		otal amount of partly onvertible debentures (in Rs.)	
Nominal amount per partly convertible debenture			
* Number of fully convertible debentures		otal amount of fully convertible lebentures (in Rs.)	
Nominal amount per fully convertible debenture			
	interest outstanding	of AGM or latest due date the	
11.* Amount	(in Rs.)		

III. Equity share breakup (percentage of total equity) as on the date of AGM or latest due date thereof

S.No.	Category	Percentage
1.	Government [Central and State]	
2.	Government companies	
3.	Public financial companies	
4.	Nationalised or other banks	
5.	Mutual funds	
6.	Venture capital	
7.	Foreign holdings (Foreign institutional investor(s), Foreign companie(s Foreign financial institution(s), Non-resident indian(s) or Overseas corporate bodies or Others)	
8.	Bodies corporate (not mentioned above)	
9.	Directors or relatives of directors	
10.	Other top fifty (50) shareholders (other than listed above)	
11.	Others	
12.	Total	
* Total number of	shareholders	
Following detail	irector(s), Managing Director, manager and secretary s are to be entered only in case date of AGM is on or after 1st July's identification number (DIN) in case of director, Managing Director and Intax PAN) in case of manager, secretary eax PAN Pre-Fill	
Designation	Date of appointment	
[
Number of equit		
If yes, date of sign	gning (DD/MM/YYYY)	
DIN or Income-t	ax PAN Pre-Fill	
Designation	Date of appointment	
Number of equit	ty share(s) held per cent	
Whether he/she	has signed the annual return Yes No	
If yes, date of sig	gning (DD/MM/YYYY)	

П

associated with the company since the date of last AGM 13. *Number of director(s), Managing Director, manager and secretary Following details are to be entered only in case date of AGM is on or after 1st July'2007 Provide DIN in case of director, Managing Director and income-tax PAN in case of manager, secretary DIN or Income-tax PAN Pre-Fill Name Designation Date of appointment Date of cessation Ш DIN or Income-tax PAN Pre-Fill Name Designation Date of appointment Date of cessation Ш DIN or Income-tax PAN Pre-Fill Name Designation Date of appointment Date of cessation IV DIN or Income-tax PAN Pre-Fill Name Designation Date of appointment Date of cessation

V. Details of director(s), Managing Director, manager and secretary who ceased to be

14. In case of a listed company, details	s of secretary in whole time p	oractice certifyin	g the annual return			
Name						
Whether associate or fellow A	ssociate					
Certificate of practice number						
15. *Whether complete list of shareholders, debenture holders has been enclosed as attachment Yes No In case No, then submit the details of all the share holders, debenture holders in a CD seperately with the office of Registrar of Companies.						
Attachments			List of attachments			
1. * Annual return as per schedule V Companies Act, 1956	of the Attach					
Approval letter for extension of fin- or annual general meeting	ancial year Attach					
3. Optional attachment(s) - if any	Attach					
			Remove attachment]		

Verification I confirm that all the particulars mentioned above are true as per the attached annurequired under section 159 and Schedule V and which is duly signed as required upon best of my knowledge and belief, the information given in this form and its attachm	inder section 161 of the	e Act. To the
I have been authorised by the Board of directors' resolution number * to sign and submit this form.	dated *	(DD/MM/YYYY)
To be digitally signed by		
Managing Director or director or manager or secretary of the company		
* Designation		
* DIN of the director or Managing Director; or 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 attachmen	ot(s)) from the records	of
the horsely continue that i have verified the above particulars (morating attachment	(c)) I om ale records	<u> </u>
and found them to be true and correct. I further certify that all required attachment attached to this form.	:(s) have been comple	tely
Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice)	nole-time practice) or	
Company secretary (in whole-time practice)		
* Whether associate or fellow Associate Fellow		
* Membership number or certificate of practice number		
Modify Check Form Prescripting	9	Submit

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