

FORM NO. INC-22

[Pursuant to section 12(2) & (4) of The Companies Act, 2013 and Rule 25 and 27 of The Companies(Incorporation) Rules, 2014]



Notice of situation or change
of situation of registered
office

Form language English Hindi

Refer the instruction kit for filling the form.

1. * This Form is for New company Existing company

2. * (a) Corporate identity number (CIN) of company

U52590KL2019PTC060038

Pre-fill

(b) Global location number (GLN) of company

3. (a) Name of the company

HIGHRICH ONLINE SHOPPE PRIVATE LIMITED

4. Notice is hereby given that

* (a) The address of the registered office of the company is situated with effect from

20/11/2019 (DD/MM/YYYY) at

the date of incorporation of company is

* Address Line I

Door No.TC 41/1030/14,Second floor

Line II

Kanimangalam Tower, Valiyalukkal

* City

Thrissur

* District

Thrissur

* State/Union Territory

Kerala-KL

Country

INDIA

* Pin Code

680027

* email ID

highrichtcr@gmail.com

(b) * Registered Office is

Owned by Company

Owned by Director(Not taken on lease by company)

Taken on Lease by company

Owned by any other entity/Person (Not taken on lease by company)

(c) * Name of office of Proposed RoC or new RoC

RoC - Ernakulam

(d) The full address of the police station under whose jurisdiction the registered office of the company is situated

* Name

NEDUPEZHA POLICE STATION

* Address Line I

KOORKKENCHERY

Address Line II

THRISSUR

* City

THRISSUR

State/Union Territory

Kerala

* Pincode

680027

(e) * Particulars of the Utility Services Bill depicting the address of the registered office
(not older than two months)

Electricity Bill

Attachments

- (1) *Proof of Registered Office address
(Conveyance/Lease deed/Rent Agreement etc.
along with the rent receipts)
- (2) *Copies of the utility bills as mentioned
above (not older than two months)
- (4) *A proof that the Company is permitted to use the address
as the registered office of the Company if the same is owned
by any other entity/ Person (not taken on lease by company)
- (6) List of all the companies (specifying their CIN) having the
same registered office address, if any
- (7) Optional attachment, if any

Attach

Attach

Attach

Attach

Attach

List of attachments

NOC.pdf
ELECTRICITY BILL.pdf
NOC.pdf


Remove attachment

Declaration

I *

- A person named in the articles as a of the company
- have been authorized by the Board of Directors of the company vide resolution number
dated to sign this form and declare that
- * all the requirements of The 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 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 , a
having Membership number and certificate of practice no
certifying this form has been duly engaged for this purpose.

* To be digitally signed by 

* Designation

* DIN of the director ; or DIN or PAN of the
manager or CEO or CFO; or membership number of
the Company Secretary

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 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. I further certify that :

1. 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;
2. All the required attachments have been completely and legibly attached to this form;
3. I further declare that I have personally visited the registered office given in the form at the address mentioned
herein above and verified that the said registered office of the company is functioning for the business purposes
of the company.

To be digitally signed by 

Category

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

Whether Associate Fellow

Membership number

Certificate of Practice number

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

Modify

Check Form

Prescrutiny

Submit