

FORM NO. INC-22A[Rule 25A of The Companies
(Incorporation) Rules, 2014]**ACTIVE (Active Company
Tagging Identities and
Verification)**Form Language English Hindi

Refer the instruction kit for filing the form.

1. (a) *Corporate Identity Number (CIN) of the company (b) *Name of the Company (c) *Address of registered office (**Photo of the Registered Office also showing therein at least one Director(s)/ KMP who has affixed his/her Digital Signature to this form is mandatory**)

Sr No. 107 Emirus Bldg. E
4th,7th,8th & Terrace Floor, Baner
PUNE
Pune
Maharashtra
411045

Latitude	Longitude
18.568624	73.772163

(d) *email ID of the company (e) *Enter OTP for email ID of the company (f) *Whether the company is listed Yes No2. *(a) Number of Directors

(b) The Maximum Number of Directors are beyond limits prescribed in Companies Act, 2013 based on resolution dated

 filed vide SRN of Form No. MGT-14

*(c) List of Directors as on date of filing.

Sr.No	DIN	Name of Director	Status of DIN
1	00901995	SANJAY MALPANI	Approved
2	01463586	SUJIT SOHANLAL JAIN	Approved
3	00930271	DHANALAKSHMI SRIRAMAPRASAD	Approved
4	06878923	BHAVESH JAYANTILAL MEHTA	Approved

(Before filing Active Company Tagging Identities and Verification (ACTIVE) eform, please ensure that the DINs of all Directors are in 'approved' status and are neither 'De-activated due to non-filing of DIR-3 KYC' nor 'Disqualified u/s 164(2)')

3 *Details of statutory auditor(s)

*Number of auditor(s) appointed

1 *Category of Auditor Individual Auditor's Firm

*Income Tax permanent account number of auditor or auditor's firm

*Name of the auditor or auditor's firm

*Membership Number of auditor or auditor's firm's registration number

*Period of account from which appointed From To

4. Whether the company is required to appoint Cost Auditor Yes No

Number of cost auditor(s)

1 Category of Auditor Individual Partnership firm Limited liability partnership

Membership number of the Cost Auditor/ member representing the Cost Auditor's Firm/LLP

Name of the cost auditor or member representing the firm/LLP

Firm Registration Number(FRN) of the Cost Auditor/Cost Auditor's firm/LLP

Name of the Cost auditor's firm/LLP

Financial year to be covered by the cost auditor(s) From To

5. Details of the Managing director or Chief Executive Officer (CEO) or Manager or Whole-time Director of the company

Number of roles

1 DIN/PAN

Name

Designation

6. Details of Company Secretary of the company, if applicable.

PAN

Name

Membership number

7. Details of the Chief Financial Officer (CFO) of the company, if applicable

PAN

Name

8. *Details of forms AOC-4/AOC-4 XBRL and MGT-7 filed for FY 2017-18

*SRN of AOC-4/ AOC-4 XBRL

*SRN of MGT-7

List of attachments

Attachments

1. *Photograph of Registered Office showing external building and inside office also showing therein at least one director/ KMP who has affixed his/her Digital Signature to this form.

Attach

Netsurf Photo.pdf

2. Optional attachment(s), if any

Attach

Remove attachment

Declaration

I hereby declare that the registered Office is situated in the address mentioned above, the details of directors, KMP, auditors are presently associated with the company are correct.

Verification

I, hereby confirm and verify that the particulars given in the Form herein above are true and also are in agreement with the documents maintained by the company.

To be digitally signed by one director in case of OPC.

To be digitally signed by one director and one KMP or two directors in case of other than OPC

*Designation

Director

SUJIT
SOHANIL
AL JAIN

*DIN

01463586

*Designation

Director

DHANALAK
SHM.
SRIRAMAP
RASAD

* Director identification number of the director; or
DIN or PAN of the manager or CEO or CFO;
or Membership number of the secretary

00930271

Certification

I declare that I have been duly engaged for the purpose of certification/verification of this form. It is hereby certified that:

- * I have satisfied myself about the identity of the company and its address based on the perusal of the original of the attached document.
- * All required attachments have been completely attached to this application
- * 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/applicant 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:
 - * email ID belong to the Company.
 - * All the required attachments have been completely and legibly attached to this form;
 - * I have kept a copy of this form and attachments thereto, in my records for further reference.

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

* To be digitally signed by

PAJAS
SHREERAM
BODAS

* Category

* Whether Associate or Fellow Associate Fellow

* Membership Number

* Certificate of Practice Number

Note: Attention is drawn to the provisions of sections 7(5) and 7(6) which, *inter-alia*, provides that furnishing of any false or incorrect particulars of any information or suppression of any material information shall attract punishment for fraud under section 447. Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

This e-Form has been taken on file maintained by the register of companies through electronic mode and on the basis of statement of correctness given by the Director and professional.