FORM NO. BEN-2

[Pursuant to section 90(4) of The Companies Act, 2013 and rule 4 and rule 8 of the Companies (Significant Beneficial Owners) Rules, 2018]



Return to the Registrar in respect of declaration under section 90

Pre-fill

%

%

%

Form language

Refer the instruction kit for filing the form.

1. (a) * Corporate identity Number (CIN) of company

- 2. (a) Name of the company
 - (b) Registered Office Address

(c) * email Id

3. * Purpose of filing the form

- For declaration of holding reporting company
- For declaration of Significant Beneficial Ownership under Section 90
 - For change in Significant Beneficial Ownership under Section 90

ISignificant Beneficial ()wher	Number of Members through whom indirect holding or right in reporting company is being exercised
SBO1	

(A).Details of the Member

*Manner in which significant beneficial interest is being held or exercised either indirectly or together with

any direct holding or right (select one or more as may be applicable)

By virtue of shares

By virtue of voting rights in shares

By virtue of rights on distributable dividend or any other distribution

By virtue of exercise of control (attach copy of agreement)

By virtue of exercise of significant influence (attach o	copy of agreement)
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Particulars of the Member

(a) Type of Member

(b) Corporate Identity	y number(CIN) or Foreign Com	pany Registration		Pre-fill
Number (FCRN) or L	imited Liability partnership Ider	ntification number (LLPI	1)	
or any other registrat	tion number			
(c) Name of the Mem	nber			
(d) Address				
Line I				
Line II				
City		State		
Country		Pin Code		
(e) Email ID of the M	lember			
(f) Date of entry of na	ame in register u/s 88	(DD)/MM/YYYY)	
(B). Status of the S	3BO]	

C). Whether individual (SBO) has majority sta	ke in the	
Member of the Reporting Company		
 Ultimate Holding Company of the memb 	er of the reporting company	
Corporate Identity number (CIN) or FCRN or o	ther registration number	Pre-fill
Name of the ultimate holding company		
(D). Whether the individual (SBO):		
is a Partner of the member		
holds majority stake in the body corpora		
holds majority stake in the ultimate hold	ding company of the body corporat	e partner
Corporate Identity number (CIN) or FCRN or	-	Pre-fill
Name of the body corporate partner / ultimat	e holding company	
(E). Particulars of the Significant Beneficial Ov	vner	
ID of the Significant Beneficial Owner		Pre-fill
(a) Name First Name		
Middle Name		
Last Name		
(b) Father's Name (Even married women	must give father's name)	
First Name		
Middle Name		
Last Name		
(c) Date of Birth	(DD/MM/YYYY)	
(d) Nationality		
(e) Whether a citizen of India OYes	○ No	
(f) Income Tax PAN	Verify Inco	ome-tax PAN details
(g) Passport Number		
(h) Address		
Line I		
Line II		
City	State	
Country	Pin Code	
(i) Email ID of the Significant Beneficial C	Dwner	
(j) Date of acquiring Significant Beneficial	I Interest	(DD/MM/YYYY)
(k) Date of declarations under sub-sectior	n (1) of Section 90	(DD/MM/YYYY)
(I) Date of receipt of the declaration by th	e company	(DD/MM/YYYY)
(m) Whether Significant Beneficial Owner	has any direct holding or right in the	 ne reporting company
		lo
If yes, enter details below:		
By virtue of shares		%
By virtue of voting rights in shares		%
By virtue of rights on distributable di	ividend or any other distribution	%
By virtue of exercise of control (atta	ch copy of agreement)	

By virtue of exercise of significant influence (attach copy of agreement)

		List of attachments
Attachments:	ſ	
1.*Declaration under Section 90	Attach	
2. Optional attachments, if any	Attach	
		Remove attachment
Declaration		
o the best of my knowledge and belief, the in	formation given in this form	and attachments is correct and complete.
have been authorized by board of directors'	resolution dated *	(DD/MM/YYYY) to

C

I have been authorized by b	oard of directors' resolution dated *	(DD/MM/
sign and submit this form.		
*To be digitally signed by		
*Designation		
*Director identification numb	per 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

It is here by 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 attachments(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.

Chartered accountant (in whether the second seco	ole-time practice) or	Cost accountant (in whole-time pr	actice) or
C Company secretary (in whole	e-time practice)		
Whether associate or fellow	⊖ Associate ⊖ Fellow		
Membership Number			
Certificate of Practice Number			
Modify	Check Form	Prescrutiny	Submit
Note: Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false			

statement 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.