## Form No. INC-22

## Notice of situation or change of situation of registered

[Pursuant to section 12(2) & (4) of The Companies Act, 2013

and Rule 25 and 27 of The Companies (Incorporation) Rules,



Form language

English

○ Hindi

| Refer the instruction kit for filling the form  |           |   |                   |  |
|---|-----------|---|-------------------|--|
| All fields marked in * are mandatory  |           |   |                   |  |
| 1 Company   |           |   |                   |  |
| (a)*Corporate Identity Number (CIN)   | L4030     | L40300DL1996PLC258176                                   |                   |  |
| (b) *Name of the company  | RAGHL     | RAGHUVANSH AGROFARMS LIMITED                            |                   |  |
| (c) *Address of the registered office of the company  |           | AD MALL, 21, MANG<br>,ROHINI,North West,E               |                   |  |
| (d) *Email ID of the company  | ****      | ****vanshagro@gmail.com                                 |                   |  |
| 2 *Purpose of filing of form  |           | Change within the local limits of city, town or village |                   |  |
| Verification of registered office post incorporation of company/<br>Change within the local limits of city, town or village /<br>Change outside the local limits of city, town or village, within the same ROC and<br>Change in state within the jurisdiction of existing ROC/Change in State outside<br>jurisdiction of existing ROC |           | in ROC within the sam                                   | ne state/         |  |
| 3 (a) *Have you filed MGT-14?   |           |   | ○ No              |  |
| (a)(i) If yes, enter service request number (SRN) of Form MGT-14  |           |   |                   |  |
| (b) *Have you filed INC-28?   |           | ○ Yes   | ○No               |  |
| (b)(i) If yes, enter service request number (SRN) of Form INC-28  |           |   |                   |  |
| 4 Notice is hereby given  |           | •   |                   |  |
| (a) *The address of the registered office of the company is situated w.e.f  | 0/09/2024 |   | (DD/MM/YYYY) at   |  |
| * Address Line 1  |           | SHOP NO.2, GRC  | DUND FLOOR, PROPE |  |
| Address Line 2  |           | MADHU VIHAR   | MADHU VIHAR       |  |
| *Country  |           | India   | India             |  |
| *Pin code/Zip code  |           | 110092  | 110092            |  |
| Area/locality East Delhi  |           |   |                   |  |
| *City   |           | East Delhi  |                   |  |
| District  |           | East Delhi  |                   |  |

| *State/Union territory  | Delhi  |  |
|---|--|--|
| *Longitude  | 77.305186  |  |
| *Latitude   | 28.635992  |  |
| 5 Name of office of Proposed RoC or new RoC   |  |  |
| Attachments   | <u> </u>   |  |
| (a) *Proof of Registered Office address (Conveyance/Lease deed/Rent Agreement etc. along with the rent receipts) along with standard NOC in case of Leased or rented property           | RAFL AGREEMENT INDIA NON JUDICIA                             |  |
| (b) *Copies of the utility bills (not older than two months)  | CURRENT BILL RAFL.pdf  |  |
| (c)*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. | PHOTO OF OFFICE.pdf  |  |
| (d) Optional attachment(s) - if any   | resolution to shift the registered office of the company.pdf |  |
| Declaration   | <u> </u>   |  |
| * SUBODH AGARWAL  |  |  |
| person named in the articles as a (Director/Mana)   | ger/Company Secretary) of the company                        |  |
| have been authorized by the Board of Directors of the Company vide resolution 02  | 3 1 3 3/ 1 3   |  |
| 10  |  |  |
| lated (DD/MM/YYYY)* 30/09/2024 to sign this form and declare  | that   |  |
| All the requirements of the Companies Act, 2013 and the rules made thereunder in r form and matters incidental thereto have been complied with.   | respect of the subject matter of this                        |  |
| I also declare that all the information given herein above is true, correct and complete form and nothing material has been suppressed.   | ete including the attachments to this                        |  |
| ☐ It is hereby further certified that VAIBHAV AGNIHOTRI , a Company see   | cretary(in whole time practice)                              |  |
| [Chartered accountant (in whole time practice)/ Company secretary (in whole time practice) practice)]   | )/ Cost accountant (in whole time                            |  |
| having Membership 1*3*3 and certificate of practice certifying this form has been duly engaged for this purpose.  | ice no 2*5*6   |  |
| To be digitally signed by   |  |  |
|   |  |  |
| *Designation  | Director   |  |
| *Designation (Director/Manager/Company Secretory/CFO/ CEO)  | Director   |  |

## Certificate by Practicing Professional

Digital signature of the authorizing officer

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.

| 3 1 3   |  |       |  |
|---|--|-------|--|
| To be digitally signed by   |  |       |  |
| ategory   |  |       |  |
| Chartered accountant (in whole-time practice)   | Cost accountant (in whole-time pra                 | actic |  |
| Company secretary (in whole-time practice)  |  |       |  |
| /hether   | ○ Associate <b>⊙</b> Fellow                        | W     |  |
| Membership number   | 1*3*3  | 1*3*3 |  |
| '   | L  |       |  |
| Certificate of Practice number  | 2*5*6  |       |  |
| ·   | l  |       |  |
| ertificate of Practice number  Note: Attention is drawn to provisions of Section 448 and 44   | which provide for punishment for false statement / | he ba |  |
| ertificate of Practice number  Note: Attention is drawn to provisions of Section 448 and 44 certificate and punishment for false evidence respectively.  The eForm has been taken on the file maintained by the regin                         | which provide for punishment for false statement / | he ba |  |
| Note: Attention is drawn to provisions of Section 448 and 44 certificate and punishment for false evidence respectively.  The eForm has been taken on the file maintained by the region statement of correctness given by the filing company. | which provide for punishment for false statement / | he ba |  |

| This eForm is hereby registered |  |
|---------------------------------|--|
| Date of signing (DD/MM/YYYY)    |  |
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