

FORM NO. 68

[Pursuant to Rule 20G of the Companies (Central Government's) General Rules and Forms (Second Amendment), 2010]

Application for rectification of mistakes
apparent on record

Form Language English हिन्दी

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

1.(a) *This form is for rectification of information filed through

Form 1A Form 1 Form 44

(b) *Form 1A reference number (Service request number (SRN) of approved Form 1A) or SRN of approved Form 1 or SRN of approved Form 44

Pre-fill

2.(a) Corporate identity number (CIN) or Foreign company registration number (FCRN) of company

(b) Global location number (GLN) of company

3.(a) Name of the company

(b) Address of the registered office or of the principal place of business in India of the company

(c) Name of the applicant

(d) *e-mail ID

4. Rectification required in respect of Form 1A -

Originally filled in information vide above mentioned SRN

(a) Approved name of the company

(b) Type of the company

(c) Category of the company

(d) Sub-category of the company

Enter the correct information that should have been filled in. Enter only the relevant field(s) from the following, which need to be rectified.

(e) Type of the company

New company (others) Section 25 company Part IX company Producer (Part IXA) company

(f) Category (select whichever is applicable)

(g) Sub-category (select whichever is applicable)

5. Rectification required in respect of Form 1 -

Originally filled in information vide above mentioned SRN

(a) Name of the company

(b) Type of the company

(c) Category of the company

(d) Sub-category of the company

Enter the correct information that should have been filled in. Enter only the relevant field(s) from the following, which need to be rectified.

(e) Type of the company

New company (others) Section 25 company Part IX company Producer (Part IXA) company

(f) Category (select whichever is applicable)

(g) Sub-category (select whichever is applicable)

6. Rectification required in respect of Form 44 -

Originally filled in information vide above mentioned SRN

(a) Name of the company

(b) Country where the company is registered (ISO country code)

(c) Country

(d) Type of office

(e) If other, then details

Enter the correct information that should have been filled in. Enter only the relevant field(s) from the following, which need to be rectified.

(f) Name of the company

(g) Country where the company is registered (enter ISO country code)

(h) Country

(i) Type of office

(j) If other, then
provide details

7. * Reason for committing error

Attachments

List of attachments

1. Board resolution authorising the rectification

Attach

2. Optional attachment(s) - if any

Attach

[Empty box for list of attachments]

Remove attachment

Verification

To the best of my knowledge and belief, the information given in this application and its attachment(s) is correct and complete.

- I have been authorised by the Board of directors' resolution number [] dated [] (DD/MM/YYYY) to sign and submit this application.
- I am a promoter (proposed first subscriber to the MoA) and I am also authorised by the other proposed first subscribers to sign and submit this application.
- I am authorised to sign and submit this application.

To be digitally signed by

Applicant or Managing Director or director or manager or secretary (In case of an Indian company) or an authorised representative (In case of a foreign company)

[Signature box]

* Designation

[Designation box]

* Director identification number (DIN) or Income-tax PAN or passport number of the applicant; or DIN of the Managing Director or director; or Income-tax PAN of the manager or authorised representative; 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)

[ID/PAN/Passport box]

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

[Large empty box for certificate details]

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

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

[Small empty box]

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

[Membership number box]

Modify

Check Form

Prescrutiny

Submit

For office use only:

Affix filing details

eForm Service request number (SRN)

[SRN box]

eForm filing date

[Filing date box]

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

[Signature box]

This e-Form is hereby rejected

[Signature box]

Confirm submission

Date of signing

[Date box]

(DD/MM/YYYY)

Form 68

INSTRUCTIONS FOR FILLING OF EFORM - 68 (Application for rectification of mistakes apparent on record)

| S. No. | | Detailed Instructions |
|---------------|-----------------|---|
| | | <p>Note:</p> <ul style="list-style-type: none"> • Instructions are not provided for the fields which are self explanatory • If the space within any of the fields is not sufficient to provide all the information, then additional details can be provided as an optional attachment to the eForm. |
| | | Refer the relevant provisions of the Companies Act, 1956 and Rule 20G of the Companies (Central Government's) General Rules and Forms, 1956 with respect to the matter dealt in this eForm. |
| | | <p>Please note the following:</p> <ul style="list-style-type: none"> • This eForm can be filed for rectification of certain mistakes made while filing electronically on the Ministry's web-site of eForm 1A, eForm 1 in selecting type or category or sub category of the proposed company or in entering name or country where the company is registered or type of office in eForm 44 respectively. • Rectification in respect of eForm 1A is allowed only in case eForm 1 has been filed in respect of the same and the company has not yet been incorporated. • Rectification of mistakes is allowed only once in respect of one company. • Filing of this form shall not be allowed in case there is any other eForm 68 pending for payment of fee or any other eForm 68 is under processing in respect of the original eForm. |
| 1 | (a), (b) | <p>Select the eForm for which rectification is required to be done and enter the corresponding Service request number (SRN). Status of SRN should be approved. Ensure that correct SRN is entered and verify the details displayed by the system.</p> <p>Click the "Pre-fill" button.</p> |
| 2, 3 | (a),(b), (d) | <p><u>In case of Form 1 and Form 44 –</u></p> <p>System will automatically display the Corporate identity number (CIN) or foreign company registration number (FCRN), name and registered office address or address of principal place of business in India and email ID of the company. In case there is any change in the email ID, enter the new valid email ID.</p> |
| 3 | (c), (d) | <p><u>In case of Form 1A –</u></p> <p>Enter the name and email ID of applicant.</p> |
| 4 | | Details of rectification required in respect of eForm 1A |
| 4 | (a) to (d) | System will automatically display the details based on the SRN of eForm 1A. |
| 4 | (e) to (g) | <p>Select the correct value of the field(s) that is required to be rectified. Only those fields should be selected for which rectification is required.</p> <p>Value selected should not be same as the value of the corresponding field as per the original eForm. Ensure that the correct option is selected as upon approval of eForm 68, the information shall get updated.</p> |
| 5 | | Details of rectification required in respect of eForm 1 |
| 5 | (a) to (d) | System will automatically display the details based on the SRN of eForm 1. |
| 5 | (e) to (g) | <p>Select the correct value of the field(s) that is required to be rectified. Only those fields should be selected for which rectification is required.</p> <p>Value selected should not be same as the value of the corresponding field as per the original eForm. Ensure that the correct option is selected as upon approval of eForm 68, the information</p> |

| S. No. | | Detailed Instructions |
|-------------------|------------|--|
| | | shall get updated. |
| 6 | | Details of rectification required in respect of eForm 44 |
| 6 | (a) to (e) | System will automatically display the details based on the SRN of eForm 44. |
| 6 | (f) to (j) | <p>Enter the correct value of the field(s) that is required to be rectified. Only those fields should be entered for which rectification is required.</p> <p>Value selected should not be same as the value of the corresponding field as per the original eForm. Ensure that the correct option is selected as upon approval of eForm 68, the information shall get updated.</p> <p>In case Country where the company is registered is required to be corrected, enter the ISO country code. Based on the same, system will automatically display the country name.</p> <p>In case type of office is selected as 'Other Office', provide details.</p> |
| 7 | | It is mandatory to enter the reasons for committing error. |
| Attachments | | <ul style="list-style-type: none"> It is mandatory to attach Board Resolution authorising the rectification in case rectification is with respect to information filed through eForm 1. Any other information can be provided as an optional attachment. |
| Verification | | <p>Point 1 is mandatory to be marked in case Form is being filed for rectification in eForm 1.</p> <p>Point 2 is mandatory to be marked in case Form is being filed for rectification in eForm 1A.</p> <p>Point 3 is mandatory to be marked in case Form is being filed for rectification in eForm 44.</p> |
| Digital Signature | | <p>In case of rectification in eForm 1A, the eForm should be digitally signed by applicant.</p> <p>In case of rectification in eForm 1, the eForm should be digitally signed by a managing director or director or manager or secretary of the company duly authorised by the board of directors.</p> <p>In case of rectification in eForm 44, the eForm should be digitally signed by the authorised representative of the foreign company.</p> |
| Designation | | <p>Select the designation of the person digitally signing the eForm.</p> <p>Enter the DIN in case the person digitally signing the eForm is a director or Managing Director</p> <p>Enter income-tax PAN in case the person signing the eForm is a manager or authorised representative.</p> <p>Enter membership number or income-tax PAN in case the person digitally signing the eForm is a secretary.</p> <p>Enter DIN or Income-tax PAN or passport number in case the person digitally signing the eForm is applicant. In case of Passport number, prefix the number with zero(s) (0) to make it a 12 digit number. Example: 0000E1234567</p> |
| Certification | | <p>The eForm should be certified by a chartered accountant (in whole-time practice) or cost accountant (in whole-time practice) or company secretary (in whole-time practice) by digitally signing the eForm.</p> <p>Select the relevant category of the professional and whether he/ she is an associate or fellow.</p> <p>In case the professional is a chartered accountant (in whole-time practice) or cost accountant (in whole-time practice), enter the membership number. In case the practicing professional is a company secretary (in whole-time practice), enter the certificate of practice number.</p> |

Common Instruction Kit

| Buttons | Particulars |
|----------|--|
| Pre-fill | <p>When the user clicks the Pre-fill button after entering the corporate identity number in eForm (excepting eForm 1A), the name and address is displayed by the system.</p> <p>This button may appear more than once in an eForm, and shall be required to be clicked for</p> |

| Buttons | Particulars |
|-------------------|--|
| | displaying the data pertaining to that field. You are required to be connected to the internet for pre-filling. |
| Attach | You have to click the attach button corresponding to the document you are making an attachment. In case you wish to attach any other document, please click the optional attach button. |
| Remove attachment | You can view the attachments added to eForm in the rectangle box provided next to the list of attachment. If the user wants to remove or delete any attachment, select the attachment to be removed and press the "Remove attachment" button. |
| Check Form | Once the form is filled up. The user is required to press the Check Form button. When this button is pressed form level validation is done such as, Whether all the mandatory fields are filled up or not. If an error is displayed after pressing the button the user is required to correct the mistake and again press the "Check Form" button. When all the form level validation is done. A message is displayed that "Form level pre scrutiny is successful". The Check Form is done without being connected to the internet. |
| Modify | "Modify" button gets enabled after the check form is done. By pressing this button the user can make the changes in the filled in form. If the user makes any change in the form again the user is required to press the "Check Form" button. |
| Pre scrutiny | Once the check form is done the user is required to Pre scrutinize the eForm. This requires being connected to the MCA21 site for uploading the form. On pre-scrutiny the system level check is performed and if there are any errors it is displayed to the user and once the error is corrected and again on Pre scrutiny if the message displayed is "No errors found. Click on the button below to "Get Form" Press the Get Form button and make the required corrections. Note: before pressing Submit button attach the digital signature by clicking on the box appearing on the signature field <input type="text"/> |
| Submit | After pre scrutiny is done the user is required to submit the form. This requires being connected to the MCA21 site for uploading the form. In case of online filing the user can submit the form by pressing the "Submit" button. Once the form is submitted the fee is displayed to the user. When the user press the "Pay" button the mode of payment option is displayed. On challan payment option, a challan is generated displaying the amount of fee to be paid. The user is required to take the print out of three copies of challan and submit the payment at authorized bank branch. The user has to submit three copies at bank and user shall receive one copy with bank acknowledgment for user's record. |
| Country code | The list of country code required to be mentioned in the form are as follows: |

Note: User is advised to refer to eForm specific instruction kit.

List of ISO Country Code

| Country Name | Country Code | Country Name | Country Code |
|----------------|--------------|--|--------------|
| AFGHANISTAN | AF | LIBERIA | LR |
| ÅLAND ISLANDS | AX | LIBYAN ARAB JAMAHIRIYA | LY |
| ALBANIA | AL | LIECHTENSTEIN | LI |
| ALGERIA | DZ | LITHUANIA | LT |
| AMERICAN SAMOA | AS | LUXEMBOURG | LU |
| ANDORRA | AD | MACAO | MO |
| ANGOLA | AO | MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF | MK |
| ANGUILLA | AI | MADAGASCAR | MG |
| ANTARCTICA | AQ | MALAWI | MW |

| Country Name | Country Code | Country Name | Country Code |
|---------------------------------------|--------------|---------------------------------|--------------|
| ANTIGUA AND BARBUDA | AG | MALAYSIA | MY |
| ARGENTINA | AR | MALDIVES | MV |
| ARMENIA | AM | MALI | ML |
| ARUBA | AW | MALTA | MT |
| AUSTRALIA | AU | MARSHALL ISLANDS | MH |
| AUSTRIA | AT | MARTINIQUE | MQ |
| AZERBAIJAN | AZ | MAURITANIA | MR |
| BAHAMAS | BS | MAURITIUS | MU |
| BAHRAIN | BH | MAYOTTE | YT |
| BANGLADESH | BD | MEXICO | MX |
| BARBADOS | BB | MICRONESIA, FEDERATED STATES OF | FM |
| BELARUS | BY | MOLDOVA, REPUBLIC OF | MD |
| BELGIUM | BE | MONACO | MC |
| BELIZE | BZ | MONGOLIA | MN |
| BENIN | BJ | MONTENEGRO | ME |
| BERMUDA | BM | MONTSERRAT | MS |
| BHUTAN | BT | MOROCCO | MA |
| BOLIVIA | BO | MOZAMBIQUE | MZ |
| BOSNIA AND HERZEGOVINA | BA | MYANMAR | MM |
| BOTSWANA | BW | NAMIBIA | NA |
| BOUVET ISLAND | BV | NAURU | NR |
| BRAZIL | BR | NEPAL | NP |
| BRITISH INDIAN OCEAN TERRITORY | IO | NETHERLANDS | NL |
| BRUNEI DARUSSALAM | BN | NETHERLANDS ANTILLES | AN |
| BULGARIA | BG | NEW CALEDONIA | NC |
| BURKINA FASO | BF | NEW ZEALAND | NZ |
| BURUNDI | BI | NICARAGUA | NI |
| CAMBODIA | KH | NIGER | NE |
| CAMEROON | CM | NIGERIA | NG |
| CANADA | CA | NIUE | NU |
| CAPE VERDE | CV | NORFOLK ISLAND | NF |
| CAYMAN ISLANDS | KY | NORTHERN MARIANA ISLANDS | MP |
| CENTRAL AFRICAN REPUBLIC | CF | NORWAY | NO |
| CHAD | TD | OMAN | OM |
| CHILE | CL | PAKISTAN | PK |
| CHINA | CN | PALAU | PW |
| CHRISTMAS ISLAND | CX | PALESTINIAN TERRITORY, OCCUPIED | PS |
| COCOS (KEELING) ISLANDS | CC | PANAMA | PA |
| COLOMBIA | CO | PAPUA NEW GUINEA | PG |
| COMOROS | KM | PARAGUAY | PY |
| CONGO | CG | PERU | PE |
| CONGO, THE DEMOCRATIC REPUBLIC OF THE | CD | PHILIPPINES | PH |
| COOK ISLANDS | CK | PITCAIRN | PN |
| COSTA RICA | CR | POLAND | PL |
| COTE D'IVOIRE | CI | PORTUGAL | PT |

| Country Name | Country Code | Country Name | Country Code |
|-----------------------------------|---------------------|--|---------------------|
| CROATIA | HR | PUERTO RICO | PR |
| CUBA | CU | QATAR | QA |
| CYPRUS | CY | REUNION | RE |
| CZECH REPUBLIC | CZ | ROMANIA | RO |
| DENMARK | DK | RUSSIAN FEDERATION | RU |
| DJIBOUTI | DJ | RWANDA | RW |
| DOMINICA | DM | SAINT BARTHELEMY | BL |
| DOMINICAN REPUBLIC | DO | SAINT HELENA | SH |
| ECUADOR | EC | SAINT KITTS AND NEVIS | KN |
| EGYPT | EG | SAINT LUCIA | LC |
| EL SALVADOR | SV | SAINT MARTIN | MF |
| EQUATORIAL GUINEA | GQ | SAINT PIERRE AND MIQUELON | PM |
| ERITREA | ER | SAINT VINCENT AND THE GRENADINES | VC |
| ESTONIA | EE | SAMOA | WS |
| ETHIOPIA | ET | SAN MARINO | SM |
| FALKLAND ISLANDS (MALVINAS) | FK | SAO TOME AND PRINCIPE | ST |
| FAROE ISLANDS | FO | SAUDI ARABIA | SA |
| FIJI | FJ | SENEGAL | SN |
| FINLAND | FI | SERBIA | RS |
| FRANCE | FR | SEYCHELLES | SC |
| FRENCH GUIANA | GF | SIERRA LEONE | SL |
| FRENCH POLYNESIA | PF | SINGAPORE | SG |
| FRENCH SOUTHERN TERRITORIES | TF | SLOVAKIA | SK |
| GABON | GA | SLOVENIA | SI |
| GAMBIA | GM | SOLOMON ISLANDS | SB |
| GEORGIA | GE | SOMALIA | SO |
| GERMANY | DE | SOUTH AFRICA | ZA |
| GHANA | GH | SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS | GS |
| GIBRALTAR | GI | SPAIN | ES |
| GREECE | GR | SRI LANKA | LK |
| GREENLAND | GL | SUDAN | SD |
| GRENADA | GD | SURINAME | SR |
| GUADELOUPE | GP | SVALBARD AND JAN MAYEN | SJ |
| GUAM | GU | SWAZILAND | SZ |
| GUATEMALA | GT | SWEDEN | SE |
| GUERNSEY | GG | SWITZERLAND | CH |
| GUINEA | GN | SYRIAN ARAB REPUBLIC | SY |
| GUINEA-BISSAU | GW | TAIWAN, PROVINCE OF CHINA | TW |
| GUYANA | GY | TAJIKISTAN | TJ |
| HAITI | HT | TANZANIA, UNITED REPUBLIC OF | TZ |
| HEARD ISLAND AND MCDONALD ISLANDS | HM | THAILAND | TH |
| HOLY SEE (VATICAN CITY STATE) | VA | TIMOR-LESTE | TL |
| HONDURAS | HN | TOGO | TG |
| HONG KONG | HK | TOKELAU | TK |
| HUNGARY | HU | TONGA | TO |

| Country Name | Country Code | Country Name | Country Code |
|--|---------------------|--------------------------------------|---------------------|
| ICELAND | IS | TRINIDAD AND TOBAGO | TT |
| INDIA | IN | TUNISIA | TN |
| INDONESIA | ID | TURKEY | TR |
| IRAN, ISLAMIC REPUBLIC OF | IR | TURKMENISTAN | TM |
| IRAQ | IQ | TURKS AND CAICOS ISLANDS | TC |
| IRELAND | IE | TUVALU | TV |
| ISLE OF MAN | IM | UGANDA | UG |
| ISRAEL | IL | UKRAINE | UA |
| ITALY | IT | UNITED ARAB EMIRATES | AE |
| JAMAICA | JM | UNITED KINGDOM | GB |
| JAPAN | JP | UNITED STATES | US |
| JERSEY | JE | UNITED STATES MINOR OUTLYING ISLANDS | UM |
| JORDAN | JO | URUGUAY | UY |
| KAZAKHSTAN | KZ | UZBEKISTAN | UZ |
| KENYA | KE | VANUATU | VU |
| KIRIBATI | KI | VENEZUELA, BOLIVARIAN REPUBLIC OF | VE |
| KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF | KP | VIET NAM | VN |
| KOREA, REPUBLIC OF | KR | VIRGIN ISLANDS, BRITISH | VG |
| KUWAIT | KW | VIRGIN ISLANDS, U.S. | VI |
| KYRGYZSTAN | KG | WALLIS AND FUTUNA | WF |
| LAO PEOPLE'S DEMOCRATIC REPUBLIC | LA | WESTERN SAHARA | EH |
| LATVIA | LV | YEMEN | YE |
| LEBANON | LB | ZAMBIA | ZM |
| LESOTHO | LS | ZIMBABWE | ZW |