[Pursuant to section Section 384 of the content of	No CHG-6 in 84(1) and pursuant to Companies Act, 2013 and banies (Registration of 4]	स्त्यमेव जयते	Notice of appointment of receiver or manager	or cessation
Form language	🖲 English 🔵 Hindi			
Refer the instruction	on kit for filing the form.			
	tity number (CIN) or foreign compan I) of the company	y registration		Pre-Fill
(b) Global location	number (GLN) of company			
2 (a) [*] Name of the co	ompany]
(b) [*] Address of the registered office the principal pla business in Indi the company	ice of			
3 (a)* This notice is b	peing filed by Orena provintin manager	g receiver or	O Person appointed as rea	ceiver or
(b) [*] Type of notice	Ortpointment			
4. Particulars of rece				
	rmanent account number (PAN)			
(b) [*] Name				
(c) *Address Line	I			
Line	II			
(d) *City				
(e) * State				
(f) Country				
(g) [*] Pin code				
5.*Date of appointment	nt (DD/MM/YY)	YY)		
6.* Date of cessation	(DD/MM/YY	YY)		
7. [*] Whether the appo	intment or cessation is O Pur	rsuant to an oi irt	rder of the O Pursuant to a	ny instrument
8. *(a) Number of cha	rges			

Attachments	List of attachments	
 Copy of instrument appointing receiver/manager; Copy of court order; List of specified property of the company in case the appointment relates to specified property of the 	Attach Attach Attach	
company 4*.List of specified property of the company in case the appointment relates to income arising from specified property of the company	Attach	
5. Optional attachment(s), if any	Attach	Remove attachment

Declaration

*I declare that whatever stated above is true correct and complete and nothing material has been suppressed including the attachments to this form. I am duly authorised to sign this form.

* To be digitally signed by

Person appointing receiver or manager

anager	
* PAN	

Note: Attention is also drawn to provisions of Section 447, section 448 and 449 of the Companies Act,2013 which provide for punishment for fraud, punishment for false statement and punishment for false evidence respectively

Modify Check Form	n Prescrutiny	Submit
For office use only:		
eForm Service request number (SRN)	eForm filing date	(DD/MM/YYYY)
This e-form is hereby registered		
Digital signature of the authorizing officer	Confirm submission	
Date of signing	(DD/MM/YYYY)	