

# Form No. INC-20A

Form language

English  Hindi

## Declaration for commencement of business

[Pursuant to Section 10A(1)(a) of the Companies Act, 2013 and Rule 23A of the Companies (Incorporation) Rules, 2014]



Refer instruction kit for filling the form

All fields marked in \* are mandatory

### Company

1*Corporate Identity Number (CIN)	U47190UT2023PTC016133
2 (a) *Name of the Company	ZERO POINT RETAILS PRIVATE LIMITED
(b) *Registered office address	C/O GURMEJ KAUR LINE PAAR,RAMPUR ROAD,Bazpur,Bazpur,Udham Singh Nagar,Uttarakhand,India,262401.
(c) *email id	info@zeropoint.org.in
(d) *Longitude	79.1522
(e) *Latitude	29.2183

3 \*Whether the company's activities is/are regulated by a Sectoral Regulator like RBI, SEBI, IRDAI etc  Yes  No

(a) If Yes, specify Name of the regulator (IRDA/RBI/SEBI/MCA/Others)	
(b) If Others, please specify	
(c) Letter number/registration number/approval issued under section 406	
(d) Date of approval/registration of regulatory body as the case may be	

### 4 Details of subscriber payment for value of shares

(a) \*Number of Shareholders for which company wish to report

S.no	Name of shareholder	Name of the bank with IFSC code in which amount of subscription money is received for shares subscribed during incorporation	Account number	Date of receipt	Amount of receipt
(a)	(b)	(c)	(d)	(e)	(f)
1	CHANDRA PRAKASH S	UBIN0568104	681001010050187	25/09/2023	25000

2	SAHIN	UBIN0568104	681001010050187	25/09/2023	25000
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### Attachments

(a) \*Photograph of Registered Office showing external building and inside office also showing therein at least one Director/ KMP

PHOTO.pdf

(b) Certificate of Registration issued by the RBI (Only in case of Non-Banking Financial Companies) /from other regulator

MAX 2MB

(c) Notification declaration as a Nidhi Company

MAX 2MB

(d) Optional attachment(s) - if any

BANK STATEMENT.pdf  
MOA.pdf  
BOARD RESOLUTION.pdf

### Declaration

I am authorised by the Board of Directors of the Company vide resolution no \* 01 dated\*

10/11/2023 to sign this form and declare that all the requirements of the Companies Act 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental there to have been complied with.

I further declare that:

1 Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the company

2 All the required attachments have been completely and legibly attached to this form.

3 Every subscriber to the MOA has paid the value for shares agreed to be taken by him.

4 The company has filed with the registrar a verification of its registered office as provided in subsection (2) of section 12.

### \*To be digitally signed by

\*Director

\*Director identification number of the director

06736200

### Certificate by Practicing Professional

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 relevant to this form 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

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

\*Whether associate or fellow:

- Associate
- Fellow

\*To be digitally signed by

\*Membership number

\*Certificate of practice number

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**Note : Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement/ certificate and punishment for false evidence respectively.**

**This eForm 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.**

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***For Office use only***

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)