

**Format of e Form - BEN - 2**

**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

Form language  English  Hindi

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

Significant Beneficial Owner	Number of Members through whom indirect holding or right in reporting company is being exercised
SBO1	<input type="text"/>

(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 copy of agreement)

Particulars of the Member

(a) Type of Member

(b) Corporate Identity number(CIN) or Foreign Company Registration Number (FCRN) or Limited Liability partnership Identification number (LLPIN) or any other registration number

(c) Name of the Member

(d) Address

Line I

Line II

City  State

Country  Pin Code

(e) Email ID of the Member

(f) Date of entry of name in register u/s 88  (DD/MM/YYYY)

(B). Status of the SBO

(C). Whether individual (SBO) has majority stake in the

- Member of the Reporting Company
- Ultimate Holding Company of the member of the reporting company

Corporate Identity number (CIN) or FCRN or other registration number

Name of the ultimate holding company

(D). Whether the individual (SBO):

- is a Partner of the member
- holds majority stake in the body corporate partner
- holds majority stake in the ultimate holding company of the body corporate partner

Corporate Identity number (CIN) or FCRN or other registration number

Name of the body corporate partner / ultimate holding company

(E). Particulars of the Significant Beneficial Owner

ID of the Significant Beneficial Owner

(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  Yes  No

(f) Income Tax PAN

(g) Passport Number

(h) Address

Line I   
Line II   
City  State   
Country  Pin Code

(i) Email ID of the Significant Beneficial Owner

(j) Date of acquiring Significant Beneficial Interest  (DD/MM/YYYY)

(k) Date of declarations under sub-section (1) of Section 90  (DD/MM/YYYY)

(l) Date of receipt of the declaration by the company  (DD/MM/YYYY)

(m) Whether Significant Beneficial Owner has any direct holding or right in the reporting company  
 Yes  No

If yes, enter details below:

- 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 copy of agreement)

**Attachments:**

- 1. \*Declaration under Section 90
- 2. Optional attachments, if any

Attach  
Attach

List of attachments

Remove attachment

**Declaration**

To the best of my knowledge and belief, the information given in this form and attachments is correct and complete. I have been authorized by board of directors' resolution dated \*  (DD/MM/YYYY) to sign and submit this form.

\*To be digitally signed by

\*Designation

\*Director identification number 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 whole-time practice) or  Cost accountant (in whole-time practice) or

Company secretary (in whole-time practice)

Whether associate or fellow  Associate  Fellow

Membership Number

Certificate of Practice Number

Modify

Check Form

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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.