

**“Form No. NDH-1**

Form language

 English Hindi**Return of Statutory Compliances**

[Pursuant to section 406 of the Companies Act, 2013 And pursuant to sub rule (2) of rule 5 of the Nidhi Rules, 2014]

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*

**Company Information**

1 \*Corporate Identity Number (CIN)

2 (a) \*Name of the Nidhi

(b) \*Address of the registered office

(c) \*Email id

(d) \*Date of incorporation of company (DD/MM/YYYY)

3 \*Financial year end date (DD/MM/YYYY)

**Member details**

4 (a) \*Number of subscribers to the Memorandum

(b) \*Number of members admitted since date of incorporation up to the end of the first financial year or second financial year, where applicable, as per rule 5(1)

(c) \*Number of persons who have ceased to be members up to the end of the first financial year or second financial year, where applicable, as per rule 5(1)

(d) \*Number of members as at the end of the first financial year or second financial year, where applicable, as per rule 5(1)

5 \*Whether the number of members as at the end of the first financial year or second financial year, where applicable, as per rule 5(1) is 200 or more

 Yes  No

If 'No', whether application for extension of time has been made to Regional Director

 Yes  No

If yes, SRN of the application

**Financial Parameters**

6 (i) \*Paid up equity share capital

(ii) \*Free reserves

(iii) \*Less: Accumulated Losses

\*Other intangible assets

\*Net Owned Funds

**Deposit details****7 Unencumbered Term Deposits (See rule 14)**

(a) (i) \*Deposit(s) in scheduled commercial Banks (in Rs.)

(ii) \*Deposits in Post Office (in Rs.)

\*Total unencumbered term deposits

(b) \*Deposits outstanding at the close of business on the last working day of the second preceding month

(c) \*Percentage of (a)/(b)

8 \*Ratio of Net Owned Funds to Deposits

\*Whether the ratio of Net Owned Funds to deposits as at the end of the first financial year or second financial year, where applicable, as per rule 5(1) is more than 1:20

 Yes  No

If 'yes', whether application for extension of time has been made to Regional Director

 Yes  No

If 'Yes', mention the SRN of application

**Attachments**

(a) \*List of all members with PAN, complete residential address and amount of deposit accepted

Max 2 MB

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(b) \*Break-up of deposits with bank/P.O name, branch and account number





(c) Optional attachment(s), if any





### Declaration

I am authorised by the Board of Directors of the Company vide resolution number\*

dated\*

to sign this form and declare that all the requirements of Companies Act, 2013 and the rules

made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct, and complete including the attachments to this form and nothing material has been suppressed.

**\*To be digitally signed by**

\*Designation

(Director/Manager/Company Secretary/CEO/CFO)

\*Director identification number of the director or Managing Director; or DIN or PAN of the manager/CEO/CFO; or Membership number of the Company Secretary

### 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 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 It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any found at any stage.

**To be digitally signed by**

- 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

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**Note: Attention is drawn to provisions of Section 447, 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.**

*For office use only:*

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**This eForm has been taken on file maintained by the Registrar of Companies through electronic mode and on the basis of statement of correctness given by the filing company”;**

“Form No. NDH-2

**Application to Regional Director and Intimation to the Registrar**

[Pursuant to sub rule (3) of rule 5, rule 6(d), rule 10(3), rule 10(6)(a), rule 10 and rule 14 of the Nidhi Rules, 2014]

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*



Form language

 English Hindi

### Company Information

1 (a) \*Corporate Identity Number (CIN)

2 (a) \*Name of the Nidhi

(b) \*Address of the registered office

(c) \*email ID

(d) \*Date of incorporation (DD/MM/YYYY)

(e) \*Financial year end date/ date of closure of branch/date of opening of branch/  
proposed date of closure of branch/date of closure of collection centres  
(DD/MM/YYYY)

**Purpose of application**

3 \*Application filed for :

- o (a) for extension of time under sub rule (3) of Rule 5
- o (b) for permission of Regional Director for opening of branch under sub rule (3) of Rule 10
- o (c) for permission of Regional Director for closing of branch clause (a) of sub-rule 6 of Rule 10
- o (d) for intimation to Registrar for opening/ closing of branch under Rule 10
- o (e) for intimation to Registrar for closure of collection centres under Rule 10
- o (f) for permission of Regional Director for withdrawal of unencumbered deposits under Rule 14

**Other Details****Position as at the end of the previous financial year(based on audited financial statement)**4 Number of members 5 Ratio of Net Owned Funds to Deposits 

6 Details of branches/collection centres

(a) Number of branches/collection centres 

Name of the branch/collection centre	Branch/collection centre	Address Line 1	Address Line 2	Country	Pin Code/Zip Code	Area/Locality	City	District	State/UT

**Profit details**

7 Profit during the preceding three financial years

Serial Number	Financial Year	Net profit after tax
1		
2		
3		

8 In case of temporary withdrawal of unencumbered term deposits, briefly mention the grounds for seeking approval 9 \*Details including reasons and justification for the application **Board Resolution**10 (a) \*Date of passing of Board Resolution (DD/MM/YYYY) (b) \*Mode of resolution (*Physical/Circular*) 

(c) \*Number of votes casted in favor

(d) \*Number of votes casted against

**Attachments**

(a) Audited financial statements (last available)

Max 2 MB	Choose	Remove	Download
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(b) \*List of all members with PAN and complete residential address along with amount of deposit accepted from each member

Max 2 MB	Choose	Remove	Download
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(c) Optional attachment, if any

Max 2 MB	Choose	Remove	Download
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**Declaration**I am authorised by the Board of Directors of the Company vide resolution no.\*  dated\*

(DD/MM/YYYY) to sign this form and declare that the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

**\*To be digitally signed by****DSC BOX****\*Designation***(Director/Manager/Company Secretary/CEO/CFO)***\*DIN of the director; DIN or PAN of the manager or CEO or CFO; or**

Membership number of company secretary

**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 (18 of 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:

- 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.
- All the required attachments have been completely and legibly attached to this form
- It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

**\*To be digitally signed by**

DSC BOX

- 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

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**Note: Attention is drawn to provisions of Section 447, 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.**

**For Office use only:**

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)

**“Form No. NDH-3****Return of Nidhi Company for the half year ended**

[Pursuant rule 21 of the Nidhi Rules, 2014]

*Refer instruction kit for filing the form**All fields marked in \* are mandatory**All information shall be furnished for the half year ended 30th September and 31st March of every year*

Form language

 English Hindi**Company Information**

1 (a) \*Corporate Identity Number (CIN)

(b) \*Name of the company

(c) \*Address of the registered office of the company

(d) \*email id

(e) \*Date of Incorporation (DD/MM/YYYY)

2 \*Half year end date (DD/MM/YYYY)

**3 Branch details**

(a) \*Number of branches at the beginning of the half-year

(b) \*Number of branches opened during the half year

(c) \*Number of branches closed during the half year

(d) \*Total number of branches at the end of the half year

Name of the branch	Date of opening of branch (DD/MM/YYYY)	Address Line 1	Address Line 2	Country	Pin Code/Zip Code	Area/Locality	City	District	State/UT

(e) SRN of NDH-2/RD-1 for application to Regional Director

**Profit details**

4 Profit during the preceding three financial years

Serial Number	Financial Year	Net Profit after tax
1		
2		
3		

**5 Membership**

Total number of members at the beginning of the half-year	Number of persons admitted as members during the half year	Number of persons who have ceased to be members during the half year	Total number of members at the end of the half year



## 6 Deposits (Amount in Rs.)

Nature of Deposits	Balance of deposits at the beginning of the half year	Received during the half year	Repaid during the half year	Balance of deposits at the end of the half year
Fixed Deposit				
Recurring Deposit				
Savings Deposit				
Cumulative Deposit				
Others, if any				
<b>Total</b>				

## 7 Loans (Amount in Rs.)

Nature of Loans	Balance of loans at the beginning of the half year	Disbursed during the half year	Realized during the half year	Balance of loans at the end of the half year
Loans against immovable property				
Loans against Jewels				
Loans against Deposits				
Others, if any <input type="text"/>				
Loans to employees				
<b>Total</b>				

## 8 Details relating to litigation, if any

	At the beginning of the half year		Filed during the half year		Disposed of during the half year		Outstanding at the end of the half year	
	No. of cases	Amount (Rs.)	No. of cases	Amount (Rs.)	No. of cases	Amount (Rs.)	No. of cases	Amount (Rs.)
<b>Suit filed accounts</b>								

## 9 Financial Summary

(a) \*Paid up equity share capital

(b) \*Free reserves

(c) \*Less: Accumulated Losses

(d) \*Other intangible assets

(e) \*Net Owned Funds

**10 Unencumbered Term Deposits (See rule 14)**

(a) (i) \*Deposit(s) in scheduled commercial Banks(in Rs)

(ii) \*Deposits in Post Office(in Rs)

(iii) \*Total unencumbered term deposits

(b) \*Deposits outstanding at the close of business on the last working day of the second preceding month

(c) \*Percentage of (a)/(b)

11 \*Ratio of Net Owned Funds to Deposits

**12 Bank Details**

(a) \*Number of banks/post offices where deposits have been placed

S. No.	Name of the Scheduled Commercial Bank /Post Office	Address	Amount of deposits (in Rupees)

**Financial summary**

13 Amount of paid up Preference Share capital

(a) \*Outstanding at the beginning of the half year

(b) \*Redeemed during the period

(c) \*Outstanding at the end of the half year

**Attachments**

(a) \*List of all members with following details:

a) Name

b) Member status

c) Members joined during the period

Max 2 MB

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- d) Members ceased during the period
- e) Complete residential address
- f) PAN
- g) Amount of deposit accepted from each member

(b) Optional attachment(s), if any

Max 2 MB

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### Declaration

I am authorised by the Board of Directors of the Company vide resolution number\*  dated\*

(DD/MM/YYYY) to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct, and complete including the attachments to this form and nothing material has been suppressed.

**\*To be digitally signed by**

DSC BOX

\*Designation

(Director/Manager/Company Secretary/CEO/CFO/Liquidator/ Interim Resolution Professional (IRP)/  
Resolution Professional (RP)

\*DIN of the director; or DIN or PAN of the manager or CEO or CFO or

Interim Resolution Professional (IRP) or Resolution Professional (RP) or Liquidator;  
or Membership number of the company secretary

### 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 for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified 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. 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. It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any found at any stage.

**\*To be digitally signed by**

DSC BOX

- 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

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**Note: Attention is drawn to provisions of Section 447, 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.**

*For office use only:*

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**This eForm has been taken on file maintained by the Registrar of Companies through electronic mode and on the basis of statement of correctness given by the filing company “;**

“Form No. NDH-4

**Form for filing application for declaration as Nidhi**

**Company and for updation of status by Nidhis**

[Pursuant to Section 406 of The Companies Act, 2013



Form language

 English

 Hindi

and rules 3A, 3B, 23A and 23B of the Nidhi Rules, 2014]

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*

### Company Information

1 \*This form is for

 Application for declaration as Nidhi Company

 Application for updation of status by Nidhis

2 (a) \*Corporate Identity Number (CIN)

(b) \*Name of the company

(c) \*Registered office address

(d) \*email id

(e) \*Date of Incorporation (DD/MM/YYYY)

(f) SRN of NDH-2 for application to Regional Director for extension of time

**3 Member details**

Number of subscribers to the Memorandum	Number of members admitted since date of incorporation up to the due date (as applicable)	Number of persons who have ceased to be members up to the due date (as applicable)	Number of members at the end of due date

**Financial Parameters**

4 (a) *Paid up equity share capital	<input type="text"/>
(b) *Free reserves	<input type="text"/>
(c) *Less: Accumulated Losses	<input type="text"/>
(d) *Other intangible assets	<input type="text"/>
(e) *Net Owned Funds	<input type="text"/>

**Deposit Details****5 Unencumbered Term Deposits (See rule 14)**

(a) (i) Deposit(s) in scheduled commercial Banks (in Rs.)	<input type="text"/>
(ii) Deposits in Post Office (in Rs.)	<input type="text"/>
(iii) Total unencumbered term deposits	<input type="text"/>
(b) Deposits outstanding at the close of business on the last working day of the second preceding month	<input type="text"/>
(c) Percentage of (a)/(b)	<input type="text"/>
(d) SRN of NDH-2/RD-1	<input type="text"/>
<b>6 Ratio of Net Owned Funds to Deposits</b>	<input type="text"/>

**7 Branch details**

(a) *Number of branches opened by the company	<input type="text"/>
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## Details of branches

Name of the branch	Date of opening (DD/MM/YYYY)	Address Line 1	Address Line 2	Country	Pin Code/Zip Code	Area/Locality	City	District	State/UT

(b) SRN of NDH-2/RD-1 for application to Regional Director

## Profit Details

8 Profit during the preceding three financial years

Serial Number	Financial Year	Net Profit after tax
1		
2		
3		

## Other Details

9 \*Do the objects of the company as per its memorandum and article of association cover only those activities permitted for approved Nidhi companies

 Yes No

10 \*Whether the company has carried out any financial dealings with any person other than its members

 Yes No

11 (a) \*Has the company acquired another company by purchase of securities or controlled the composition of the Board of Directors of any other company in any manner whatsoever or entered into any arrangement for the change of its management?

 Yes No

(b) If yes, please enter SRN of NDH-2/RD-1 where such approval is taken

12 \*Whether the company has complied with the Nidhi Rules, 2014

 Yes No

## Attachments

(a) Copy of notification through which company was declared Nidhi under the Companies Act, 1956 or previous company law (where applicable)

Max 2 MB

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(b) \*List of all members with PAN, complete residential address and amount of deposit accepted

Max 2 MB

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(c) \*Break-up of deposits with bank/P.O name, branch and account number

Max 2 MB

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- |   |          |        |        |          |
|---|----------|--------|--------|----------|
| (d) *Certificate signed by two directors regarding the number of members as on date of application (membership should not be less than 200)                 | Max 2 MB | Choose | Remove | Download |
| (e) *Declaration with regard to fulfilment of fit and proper Person criteria, as per sub-rule (3) of Rule 3B, by all Promoters and Directors of the company | Max 2 MB | Choose | Remove | Download |
| (f) *Copy of resolution of the board of directors in support of the proposal of the company   | Max 2 MB | Choose | Remove | Download |
| (g) Optional attachment(s), if any  | Max 2 MB | Choose | Remove | Download |

### Declaration

I am authorised by the Board of Directors of the Company vide resolution number\* dated\*



to sign this form and declare that all the requirements of Companies Act, 2013 and the rules

made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct, and complete including the attachments to this form and nothing material has been suppressed.

**\*To be digitally signed by**

DSC BOX

\*Designation

(Director/Manager/Company Secretary/CEO/CFO)

\*DIN of the director; DIN or Income Tax PAN of the manager or CEO or CFO; or membership number of company secretary

### 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 for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified 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.

I further certify that:

- i. 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.
- ii. All the required attachments have been completely and legibly attached to this form

**\*To be digitally signed by**

DSC BOX

- 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

#### Declaration by Auditor

I hereby duly certify that the company is complying with the Nidhi Rules, 2014

\*To be digitally signed by

DSC BOX

\*Name

\*Designation

\*Whether associate or fellow:

Associate  Fellow

\*Membership Number/Certificate of Practice Number

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**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/certificate and punishment for false evidence respectively.**

#### For Office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)

[F. No. 5/28/2020-CL-VII]

MANOJ PANDEY, Jt. Secy.

**Note:** The principal rules were published in the Gazette of India, *vide* notification number G.S.R. 258(E), dated the 31<sup>st</sup> March, 2014 and were last amended, *vide* notification number G.S.R. 301(E) dated the 19<sup>th</sup> April, 2022.