

FORM NO. ADT-1



सत्यमेव जयते

Information to the
Registrar by company for
appointment of auditor

[Pursuant to section 139 (1) of the
Companies Act, 2013 and Rule 4(2) of
the Companies (Audit and Auditors)
Rules, 2014]

Form language English Hindi

Refer the instruction kit for filing the form.

1.(a) *Corporate identity number (CIN) of company	<input type="text" value="L65990MH1982PLC028554"/>	<input type="button" value="Pre-Fill"/>
(b) Global location number (GLN) of company	<input type="text"/>	
2.(a) Name of the company	<input type="text" value="SHYAMKAMAL INVESTMENTS LIMITED"/>	
(b) Address of the registered office of the company	<input type="text" value="501, 5TH FLOOR, RAJ KAILASH BUILDING, PLOT NO. 5/B, V. P. ROAD, ANDHERI (WEST) MUMBAI Maharashtra INDIA 400058"/>	
(c) *email id of the company	<input type="text" value="shyamkamalinvnt@gmail.com"/>	

3. * Whether company is falling under any class of companies as per section 139(2) Yes No

4. * Whether joint auditors have been appointed Yes No

* Number of auditor(s) appointed

(a) *Category of auditor	<input checked="" type="radio"/> Individual <input type="radio"/> Auditor's firm
(b) *Income-tax permanent account number of auditor or auditor's firm	<input type="text"/>
(c) *Name of the auditor or auditor's firm	<input type="text"/>
(d) *Membership number of auditor or auditor's firm's registration number	<input type="text"/>
(e) *Address of the auditor or auditor's firm	Line I <input type="text"/>
	Line II <input type="text"/>
*City	<input type="text"/>
*State	<input type="text"/>
Country	<input type="text"/>
*Pin code	<input type="text"/>
*e-mail ID of the auditor or auditor's firm	<input type="text"/>
(f) *Period of accounts for which appointed	From <input type="text"/> (DD/MM/YYYY)
	To <input type="text"/> (DD/MM/YYYY)
(g) *Number of financial year(s) to which appointment relates	<input type="text"/>
(h) *Whether the appointment of auditor is within the limit of twenty companies as specified in sub section 3(g) of section 141	<input type="radio"/> Yes <input type="radio"/> No

(i) Specify the tenure of previous appointment(s) of the auditor or auditor's firm or its member in the same company in which audit was conducted or is functioning (excluding previous years having break of five or more years as specified in Rule 6)

* Number of financial year(s)

S. No.	Person appointed as auditor	Financial year Start date	Financial year End date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. (a) *Whether auditor(s) have been appointed in Annual general meeting (AGM) Yes No

(b) If yes, date of AGM (DD/MM/YYYY)

6. *Date of appointment (DD/MM/YYYY)

7. (a) * Whether auditor is appointed due to casual vacancy in the office of auditor Yes No

(b) *Specify the SRN of relevant form

(c) *Person vacated the office Individual Auditor's firm

(d) *Mention the membership number of auditor or Registration number of auditor's firm who has vacated the office

(e) *Mention the date of such vacancy

(f) *Reasons of the casual vacancy

List of attachments

Attachments

- 1. *Copy of the intimation sent by company;
- 2. *Copy of written consent given by auditor;
- 3. *Copy of resolution passed by the company;
- 4. Optional attachment(s) - if any

Declaration

I am authorized 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 identification number of the director; or DIN or PAN of the manager/CEO/CFO; or Membership number of the Company Secretary

Note: Attention is also drawn to provisions of Section 448 of the Companies Act which provide for punishment for false statement.

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 company.