

Format of Application Form

(See Rule 4 or 5)

(To be filled in duplicate and shall be accompanied
by certified copy of the Memorandum issued)

1. Name of the applicant (in BLOCK LETTERS)
2. Full address of the applicant (including Phone and Fax Number and email id)
3. Whether the applicant is resident in India or resident outside India [Please refer to Section 2(v) of the Act]
4. Name of the Adjudicating Authority before whom the case is pending
5. Nature of the contravention [according to sub-section (1) of Section 13]
6. Brief facts of the case
7. Details of fee for application of compounding
8. Any other information relevant to the case

I/We declare that the particulars given above are true and correct to the best of my/our knowledge and belief and that I/We am/are willing to accept any direction/order of the Compounding Authority in connection with compounding of my/our case.

Dated :
Name

(Signature of the Applicant)

FDI

Details to be furnished along with application for compounding of contravention relating to Foreign Direct Investment in India

- Name of the applicant
- Date of incorporation
- Income-tax PAN
- Nature of activities under taken (Please give NIC code – 1987 / 2008)
- Brief particulars about the foreign investor
- Details of foreign inward remittances received by Applicant Company from date of incorporation till date

Table A

Sl.No.	Name of Remitter	Total Amount (INR)	Date of Receipt	Reported to RBI on*	Delay if any
	Total				

* date of reporting to RBI and not AD

Table B

Name of Investor	Date of allotment of shares	Number of shares allotted	Amount for which shares allotted	Date of reporting to RBI*	Delay if any
	Total				

* date of reporting to RBI and not AD

Table C

Sl. No.	Name of Remitter	Total Amount (INR)	Date of Receipt	Excess share application money	Date of refund of share application money	Amount in forex	RBI approval letter and date
	Total						

Table D

Authorised Capital					
Sl. No.	Date	Authorised Capital	With effect from	Date of Board meeting	Date of filing with ROC

A= B+C

Please give supporting documents

Table A- Copies of FIRC with date stamp of receipt at RBI

Table B- Copies of FCGPR with date stamp of receipt at RBI

Table C – letter seeking refund/ allotment of shares- approval letter from RBI A2 form

- Copies of Balance Sheet during the period of receipt of share application money
- and allotment of shares
- Nature of contravention and reasons for the contravention

ECB

Details to be furnished along with application for compounding of contravention relating to External Commercial Borrowing

- Name of the applicant
- Date of incorporation
- Income-tax PAN
- Nature of activities under taken (Please give NIC code – 1987)
- Brief particulars about the foreign lender
- Is the applicant an eligible borrower?
- Is the lender eligible lender?
- Is the lender an equity holder?
- What is the level of his holding at the time of loan agreement?
- Details of ECB
- Date of Loan agreement
- Amount in Foreign Currency and Indian Rupee
- Rate of interest
- Period of loan
- Repayment particulars

Date of draw down	Amount in Foreign Currency	Amount in INR
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- Details of draw down
 - Details of LRN Number- application and receipt
 - Details of ECB 2 returns submitted; Period of return: Date of submission
 - Details of Utilization of ECB in Foreign Currency and Indian Rupee
 - Nature of contravention and reasons for the contravention
 - All supporting documents may be submitted
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ODI

Details to be furnished along with application for compounding of contravention relating to Overseas Investment

- Name of the applicant
 - Date of incorporation
 - Income-tax PAN
 - Nature of activities under taken (Please give NIC code – 1987)
 - Name of Overseas entity
 - Date of incorporation of overseas entity
 - Nature of activities under taken by overseas entity
 - Nature of entity- WOS/JV
 - Details of remittance sent- Date of remittance; Amount in FCY and in INR
 - Details of other financial Commitment
 - Details of UIN applied and received
 - Date of receipt of share certificate
 - Approval of other regulators if required
 - Details of APRs submitted: For the period ended; date of submission
 - Nature of contravention and reasons for the contravention
 - All supporting documents may be submitted
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Branch Office / Liaison Office

Details to be furnished along with application for compounding of contravention relating to Branch/Liaison Office in India

- Name of the applicant
 - Date of incorporation
 - Income-tax PAN
 - Nature of activities under taken (Please give NIC code – 1987)
 - Date of approval for opening of Liaison Office/ Branch Office
 - Validity period of the approval
 - Income and expenditure of the LO/BO
 - Dates of submission of Annual activity Certificates
 - Nature of contravention and reasons for the contravention
 - All supporting documents may be submitted
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UNDERTAKING

(On the letterhead of the applicant)

*I/We _____ (Name of the applicant) hereby confirm/declare that I/we am/are not under investigation of any agency such as Directorate of Enforcement, CBI etc.

OR

*I/We _____ (Name of the applicant) hereby confirm/declare that I/we am/are or was/were under investigation of any agency such as Directorate of Enforcement, CBI etc. and the details are given in the Annex

(* Strike out one)

Signature of the authorised signatory

ELECTRONIC CLEARING SERVICE (ECS)

MANDATE FORM

1. Name of the Party (Beneficiary) -
2. PAN
3. Particulars of the Bank Account -
 - A. Name of the Bank -
 - B. Name of the Branch -
Address:
Telephone No:
 - C. Type of Account - SAVINGS / CURRENT
 - D. Account No. -
(as appearing on the cheque book issued by the Bank)
 - E. The 9 Digit MICR Code Number -
(as appearing on the cheque book issued by the Bank)
 - F. IFSC Code -
(as appearing on the cheque book issued by the Bank)
4. Checklist for Attachments:
Photocopy of PAN Card
Photocopy of a cancelled blank cheque
5. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.

Signature of the Authorised Signatory
(Name of the Authorised Signatory)

Official Stamp

Date:
Place: