

FORM NO. NDH-1

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



Return of Statutory Compliances

Form language ☐ English ☐ Hindi

Refer the instruction kit for filing the form

1. (a) *Corporate Identification Number (CIN) of Nidhi
(b) Global location number (GLN) of Nidhi

Prefill

2. (a) Name of the Nidhi

- (b) Address of the registered office

(c) *email id

(d) Phone -

3. (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)

4. 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', mention the SRN of application

5. (i) *Paid up equity share capital

(ii) *Free reserves

(iii) * Less: Accumulated Losses

Other intangible assets

Net Owned Funds

6. Unencumbered Term Deposits (See rule 14)

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

*(ii) Deposits in Post Office

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)

7. 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

8. *Financial year end date

Attachments

1. *List of all members with PAN and complete residential address

Attach

2. *Amount of deposit accepted from each member

Attach

3. Break-up of deposits in Sr. No. 6(a)(i) with bank name, branch and account number

Attach

4. Break-up of deposits in Sr. No. 6(a)(ii) with name and location of P.O branch

Attach

5. Optional attachment(s), if any

Attach

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. It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

DSC BOX

*To be digitally signed by

*Designation

*DIN 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

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.

- * ☐ 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

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

Modify

Check form

Prescrutiny

Submit

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.