## **CORPORATE AFFAIRS COMMISSION**



## FORM CAC 2A

## RETURN OF ALLOTMENT (POST INCORPORATION) Pursuant to Section 129

Compa	ny Number			Date of Resolution	
Compa	ny Name				
SECTI	ION A				
Numbe	er of shares all	otted payable in ca	sh:		
Nomina	al amount of s	shares so allotted:			
Amoun	nt paid or due	payable on each sh	are:		
Numbe	er of shares all	otted for considera	tion other than cash:		
Amoun	nt to be treated	l as paid on each su	ich share:		
Consid	leration for wh	nich such shares ha	ve been allotted		
SECTI	ION B	Partic	ulars of Allotments		
Name				No of shares Allotted	Type of shares
Addres	S				
City		State			
2.					
Name				No of shares Allotted	Type of shares
Addres	S				
	I				
City		State			

Name of Director & T	Tel. No.	Name of D	irector & Tel. No.
Signature of Director		Signature of	of Director
City	State		
, ·			
Address			
Name		No of shares Allotted	Type of shares
6.			
City	State		
Address			
Name		No of shares Allotted	Type of shares
5.			
City	State		
Address			
Name		No of shares Allotted	Type of shares
4.			
City	State		
Address			
Name		No of shares Allotted	Type of shares

**Note:** 

If there is insufficient space in the form to provide the information required, please attach a separate sheet containing the information required in the prescribed format.

## **SECTION** C – Shareholder of the Company after this allotment.

1. Type of shares Name No of shares Allotted Address City State 2. Name Type of shares No of shares Allotted Address City State 3. Type of shares Name No of shares Allotted Address City State Name No of shares Allotted Type of shares Address City State Name Type of shares No of shares Allotted Address City State

		37 04 14 4	
Name		No of shares Allotted	Type of shares
Address			
City	State		
Note:		Name of Director & Tel. I	
Note:  If there is insuff		ovide the information required, please attach a separate for	
	icient space on the form uired in the prescribed for	ovide the information required, please attach a separate for	
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Note:  If there is insuff information requ  Presented for filing by  Name:	icient space on the form uired in the prescribed for:	ovide the information required, please attach a separate for	orm containing the