

CORPORATE AFFAIRS COMMISSION



FORM CAC 2A

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

Company Number Date of Resolution

Company Name

SECTION A

Number of shares allotted payable in cash:

Nominal amount of shares so allotted:

Amount paid or due payable on each share:

Number of shares allotted for consideration other than cash:

Amount to be treated as paid on each such share:

Consideration for which such shares have been allotted

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SECTION B

Particulars of Allotments

1.

Name				No of shares Allotted	Type of shares
Address					
City		State			

2.

Name				No of shares Allotted	Type of shares
Address					
City		State			

3.

Name				No of shares Allotted	Type of shares
Address					
City		State			

4.

Name				No of shares Allotted	Type of shares
Address					
City		State			

5.

Name				No of shares Allotted	Type of shares
Address					
City		State			

6.

Name				No of shares Allotted	Type of shares
Address					
City		State			

Signature of Director

Signature of Director

Name of Director & Tel. No.

Name of Director & Tel. No.

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.

Name				No of shares Allotted	Type of shares
Address					
City		State			

2.

Name				No of shares Allotted	Type of shares
Address					
City		State			

3.

Name				No of shares Allotted	Type of shares
Address					
City		State			

4.

Name				No of shares Allotted	Type of shares
Address					
City		State			

5.

Name				No of shares Allotted	Type of shares
Address					
City		State			

6.

Name				No of shares Allotted	Type of shares
Address					
City		State			

Signature of Director

Signature of Director

Name of Director & Tel. No.

Name of Director & Tel. No.

Note:

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

Presented for filing by:

Name: _____ Accreditation Number: _____

Address: _____

Tel. No. & E-mail: _____ Signature & Date: _____