

# ***INTERACTIVE FINANCIAL SERVICES LIMITED***

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**Date:** 29-11-2016

To,  
Dy. Gen Manager (CRD)  
The Stock Exchange Mumbai,  
P J Tower, Dalal St  
Mumbai-400001

Respected Sir / Madam,

**Subject: Update details of Company**

With reference to the caption subject matter, we would like to inform you that the registered office of the Company has been changed to "A-1006, Premium house, B/h Handloom house, Ashram Road, Ahmedabad - 380009". The copy of the Form INC - 22 along with the annexure is appended for your perusal. Further, kindly update the following details

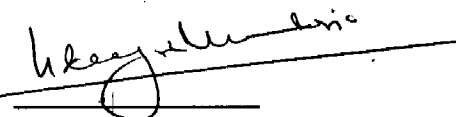
**Tel No:** 91-79-26582851

**Fax No:** 91-79-26582328

Kindly take note for the same and update your records.

Thanking You,  
Yours faithfully,

**For, Interactive Financial Services Limited**



**Udayan Mandavia**  
**Managing Director**  
**DIN: 00740615**

# FORM NO. INC-22

[Pursuant to section 12(2) & (4) of The Companies Act, 2013 and Rule 25 and 27 of The Companies(Incorporation) Rules, 2014]



Notice of situation or change  
of situation of registered  
office

Form language  English  Hindi

Refer the instruction kit for filling the form.

1. \* This Form is for  New company  Existing company

2. \* (a) Corporate identity number (CIN) of company  
or SRN of Form No. INC-1

L65910GJ1994PLC023393

Pre-fill

(b) Global location number (GLN) of company

3. (a) Name of the company

INTERACTIVE FINANCIAL SERVICES LIMITED

(b) Address of the registered office of the company

4 SAUJANYA RAW HOUSES NRDARPAN SIX ROADS  
NAVRANGPURA  
AHMEDABAD  
Gujarat

(c) Name of office of existing Registrar of Companies (RoC)

RoC - Ahmedabad

(d)\* Purpose of the form

- Change within local limits of city, town or village  
 Change outside local limits of city, town or village, within the same RoC and state  
 Change in RoC within the same state  
 Change in state within the jurisdiction of same RoC  
 Change in state outside the jurisdiction of existing RoC

4. Notice is hereby given that

\* (a) The address of the registered office of the company is situated with effect from

01/10/2016 (DD/MM/YYYY) at

the date of incorporation of company is

\*Address Line I A-1006, Premium House, Behind Handloom House,

Line II Ashram Road

\* City Ahmedabad

\* District Ahmedabad

\* State/Union Territory Gujarat-GJ

Country INDIA

\* Pin Code 380009

\* email ID info@ifinservices.com

(b) \* Registered Office is

- Owned by Company  Owned by Director(Not taken on lease by company)  
 Taken on Lease by company  Owned by any other entity/Person (Not taken on lease by company)

(c) \*Name of office of Proposed RoC or new RoC

Registrar of Companies, Gujarat, Dadra and Nagar Haveli

(d) The full address of the police station under whose jurisdiction the registered office of the company is situated

\* Name Navrangpura Police Station

\* Address Line I Nr. Navrangpura Railway Crossing,

Address Line II Navrangpura

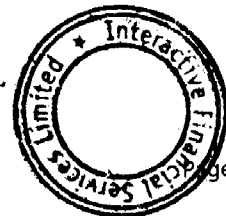
\* City Ahmedabad

State/Union Territory Gujarat

\* Pincode 380009

(e) \* Particulars of the Utility Services Bill depicting the address of the registered office  
(not older than two months)

Electricity Bill



**Attachments**

- (1) \*Proof of Registered Office address (Conveyance/Lease deed/Rent Agreement etc. along with the rent receipts)
- (2) \*Copies of the utility bills as mentioned above (not older than two months)
- (4) \*A proof that the Company is permitted to use the address as the registered office of the Company if the same is owned by any other entity/ Person (not taken on lease by company)
- (6) List of all the companies (specifying their CIN) having the same registered office address, if any
- (7) Optional attachment, if any

Attach

Attach

Attach

Attach

Attach

List of attachments

Light Bill.pdf  
Light Bill.pdf  
NOC.pdf  
BR.pdf

Remove attachment

**Declaration**

I \*

- A person named in the articles as a  of the company
- have been authorized by the Board of Directors of the company vide resolution number  dated  to sign this form and declare that

\* all the requirements of The 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  , a  having Membership number  and certificate of practice no  certifying this form has been duly engaged for this purpose.

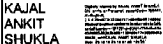
\* To be digitally signed by 

\* 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. I further declare that I have personally visited the registered office given in the form at the address mentioned herein above and verified that the said registered office of the company is functioning for the business purposes of the company.

To be digitally signed by 

Category  
 Chartered accountant (in whole time practice) or  Cost accountant (in whole time practice) or  
 Company secretary (in whole time practice)  
Whether  Associate  Fellow  
Membership number   
Certificate of Practice number

**Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement/certificate and punishment for false evidence respectively.**

Modify

Check Form

Prescribing

Submit



**MINISTRY OF CORPORATE AFFAIRS****RECEIPT****G.A.R.7****SRN :** G19061126**Service Request Date :** 29/10/2016**Payment made into :** ICICI Bank**Received From :****Name :** K A SHUKLA AND ASSOCIATES COMPANY SECRETARIES**Address :** B/14, ANAND MANGAL FLATS

NR. SHYAMAL CROSS ROAD, SATELLITE

AHMEDABAD, Gujarat

India - 380015

**Entity on whose behalf money is paid****CIN:** L65910GJ1994PLC023393**Name :** INTERACTIVE FINANCIAL SERVICES LIMITED**Address :** A-1006, Premium House, Behind Handloom House,

Ashram Road

Ahemedabad, Gujarat

India - 380009

**Full Particulars of Remittance****Service Type:** eFiling

| <b>Service Description</b> | <b>Type of Fee</b> | <b>Amount(Rs.)</b> |
|----------------------------|--------------------|--------------------|
| Fee For Form INC-22        | Normal             | 600.00             |
|                            | Additional         | 1200.00            |
|                            | <b>Total</b>       | <b>1800.00</b>     |

**Mode of Payment:** Credit Card- ICICI Bank**Received Payment Rupees:** One Thousand Eight Hundred Only

Note –The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar , then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 10 of the Companies (Registration offices offices and Fees) Rules, 2014)