**AP-5a**

**(For Corporates)**

(On the letter head of Authorised Person)

Shareholding Pattern of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of Authorised Person)* as on \_\_\_\_\_\_*(date)*

*Paid up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Face value of each equity share \_\_\_\_\_\_\_\_\_\_\_\_\_Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. no.** | **Name $** | **Number of**  **Shares held** | **Amt paid-**  **Up Rs.** | **% age of total** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| Others |  |  |  |  |
| Total |  |  |  | 100% |

Date:

Place:

Signature(s)

Name of Director(s)

With Stamp of the Authorised Person

CERTIFICATE

This is to certify that the Shareholding in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ as given above, based on my/ our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction. Further, we confirm that there is no foreign shareholding in the said entity.

Date:

Place:

For (Name of Certifying Firm)

Name of the Partner/Proprietor

Chartered Accountant/Company Secretary Firm

Membership Number

UDIN: