# MINISTRY OF CORPORATE AFFAIRS RECEIPT

G.A.R.7

SRN: H12410643

Service Request Date: 14/09/2018

Payment made into: ICICI Bank

Received From:

Name:

V MAHESH

Address:

FLAT NO - 1, KOMAL APARTMENTS,

18, JAGADEESWARAN STREET, T NAGAR

CHENNAI, Tamil Nadu

India - 600017

### Spatity on whose behalf money is paid

CIN:

L15421TN1995PLC033198

Name:

K.C.P.SUGAR AND INDUSTRIES CORPORATION LIMITED

Address:

RAMAKRISHNA BUILDING, New No.239 (old No.183)

Anna Salai

Chennai, Tamil Nadu

India - 600006

#### Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form GNL-2	Normal	600.00
3 22 7	Total	600.00

Mode of Payment:

Internet Banking - ICICI Bank

Received Payment Rupees: Six Hundred Only

Note: The defects or incompleteness in any respect in this eForm as noticed shall be placed on the Ministry's website (www.mca.gov.in). In case the eForm is marked as RSUB or PUCL, please resubmit the eForm or file Form GNL-4(Addendum), respectively. Please track the status of your transaction at all times till it is finally disposed off. (Please refer Rule 10 of the Companies (Registration offices and Fees) Rules, 2014) It is compulsory to file Form GNL-4 (Addendum) electronically within the due date whenever the document is put under PUCL, failing which the system will treat the document as invalid and will not be taken on record in accordance with Rule 10(4) of the Companies (Registration offices and Fees) Rules, 2014

### FORM NO. GNL-2

[Pursuant to the rule 12(2) of the Companies (Registration Offices and Fees) Rules, 2014]



## Form for submission of documents with the

Registrar

Note - All fields marked in	* are to be mandatorily fi	lled.		
Form language	English  Hindi			
1.(a) *Corporate Identity Nu	mber (CIN) of company	L15421TN1995PLC033198	Pre-Fill	
(b) Global location number	er (GLN) of company			
2.(a) Name of the company	K.C.P.SUGAR AND INDU	JSTRIES CORPORATION LIMITE	D	
(b) Address of the registered office of the company	RAMAKRISHNA BUILDIN Anna Salai Chennai Tamil Nadu 600006 India	NG, New No.239 (old No.183)		
3. *Please indicate the docu	ument being filed			
Circular for inviting de  Circular in the form of  Return of Deposits  Declaration of Solven  Form 149 of the Com  Form 153 of the Com  Form 154 of the Com  Form 156 of the Com  Form 157 of the Com  Form 157 of the Com	er letter acement offer to be kept by posits advertisement for inviting o	deposits		
5.(a) Service request numb	per of Form MGT-14			
(b) Date of passing speci	YY)			
(c) Date of filing Form Mo	GT-14	(DD/MM/YY	(DD/MM/YYYY)	

7. *Details of the d	ocuments being filed	
Form DPT-1 Circu and rule 4(1) and	ular In The Form Of Advertisement Inviting Deposits p 4(2) of the Companies (Acceptance of Deposits) Rul	oursuant to section 73 (2)(a) and section 76 es, 2014
8.*Date of event	14/09/2018 (DD/MM/YYYY)	
9.*Financial year t	to which the document relates	
(a) From	(DD/MM/YYYY) (b) To	(DD/MM/YYYY)
Attachments		
3. Form SH-9 Dec	claration of solvency	Attach
Return of depose advertisement	sits or circular for inviting deposits or circular in the for for inviting deposits	orm of Attach
5. Optional attach	ment(s) - if any	Attach
Verification		
	knowledge and belief, the information given in	List of attachments
	attachments is correct and complete.  Described by the board of directors' resolution dated	DPT-1 Circular in the form of Advertis Auditor Certificate.pdf Board resolution.pdf
14/09/2018	(DD/MM/YYYY) to sign and submit this form.	
To be digitally s	IRMGARD Dotath septed by VELAGAP Under the second by STELAGAP UNDER STELAGAP UNDE	
Director or managor CEO/CFO of the		
Designation	Director	Remove attachment
	ation number of the director or	
	nber of the secretary ne Manager/CEO/CFO 00091370	
Verification		

To the best of my/our knowledge and belief, the information given in this form and its attachments is correct and complete. I am/ We are

duly authorised to sign and submit this form.

To be digitally signed by					
Liquidators of the Company					
Modify	Check Form	Prescrutiny	Submit		
For office use only:					
eForm Service request number	(SRN)	eForm filing date	(DD/MM/YYYY		
This e-form is hereby registe	red				
Digital signature of the authorizi	ng officer Go	nfirm Submission			
Date of signing		(DD/MM/YYYY)			