

# CORPORATE AFFAIRS COMMISSION



## FORM CAC 2A

### RETURN OF ALLOTMENT (POST INCORPORATION)

*Pursuant to Section 129*

Company Number

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

#### 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	Type of shares
Address			
City	State		

2.

Name		No of shares	Type of shares
Address			
City	State		

3.

Name		No of shares	Type of shares
Address			
City	State		

4.

Name		No of shares	Type of shares
Address			
City	State		

5.

Name		No of shares	Type of shares
Address			
City	State		

6.

Name		No of shares	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: \_\_\_\_\_