FORM NO. SH-7

[Pursuant to section 64(1) of the Companies Act, 2013 and pursuant to rule 63 of the Companies Rules, 2014]



Notice to Registrar of any alteration of share capital

		रारचनाच जाचरा	
Form language Eng	lish (Hindi		
Refer the instruction kit for t	filing the form.		
1.(a)*Corporate identity number (CIN) of the company(b) Global location number (GLN) of company		U52339MH2019PTC326659	Pre-fill
		032339WH2019F1C320039	
2.(a) Name of the company	KIZAARA INTERNATIONAL RETAIL PRIVATE LIMITED		
(b) Address of the registered office of the company	F 103,WING F,BUILD B, SUYOJIT ONE WORLD RESIDENCY, NASHIK PUNE ROAD, OPP BYTCO, NASHIK Nashik Maharashtra 422101		
(c) *email Id of the company	deepmalachahar5@gmai	il.com	
Increase in share ca	of the company held on	nent order Consolidation or division ct, 2013, that by Ordinary Speci 01/07/2019 (DD/MM/YYYY)	etc.
The additional capital (tak	ing into consideration the	addition above) is divided as follows	
(a) Number of equity shares (b) Number of preference shares Total addition (in Rs The conditions (e.g. voting riginal issued, are as follows	.) 900,000.00	Total amount of equity shares (in Rs.) Total amount of preference shares (in Rs.) ing-up rights, etc.) subject to which new si	900,000.00

Revised capital structure after tak	king into considera	ation the changes vide points 4, 5, 6 and 8	above
(a) Authorised capital of the compan	y (in Rs.)	1,000,000.00	
Break up of Authorised capital			_
Number of equity shares	100,000	Total amount of equity shares (in Rs.)	1,000,000.00
Nominal amount per equity share	10		
Number of preference shares	0	Total amount of preference shares (in Rs.)	0.00
Nominal amount per preference share	0		
Number of unclassified shares		Total amount of unclassified shares (inRs.)	
(b) Issued capital of the company	(in Rs.)	1,000,000.00	
Break up of Issued capital			
Number of equity shares	10	Total amount of equity shares (in Rs.)	1,000,000.00
Nominal amount per equity share	0	(in Rs.)	
Number of preference shares	0	Total amount of preference shares	0.00
Nominal amount per preference share	0		

(c) Subscribed capital of the compar	ny (in Rs.)	1,000,000.00	
Break up of Subscribed capital	_		
Number of equity shares	10	Total amount of equity shares (in Rs.)	1,000,000.00
Nominal amount per equity share	10		
Number of preference shares	0	Total amount of preference shares (in Rs.)	0.00
Nominal amount per preference share	0	()	
(d) Paid up capital of the company	(in Rs.)	1,000,000	
Break up of Paid up capital	-		_
Number of equity shares	10	Total amount of equity shares (in Rs.)	1,000,000.00
Nominal amount per equity share	10		
Number of preference shares	0	Total amount of preference shares (in Rs.)	0.00
Nominal amount per preference share	0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
0* Whether articles of association h	ave been altered	◯ Yes ⑤ No	
11.Particulars of payment of stam	p duty (Refer inst	truction kit for details before filling the	particulars)
(a) State or Union territory in respect duty is paid or to be paid	t of which stamp	Maharashtra (Pre-fill
b)* Whether stamp duty is to be pai	d electronically thr	rough MCA21 system Yes No	Not applicable
(i) Details of stamp duty to be paid	d		
Amount of stamp duty to be pa	id (in Rs.)	10,000	
(ii) Provide details of stamp duty a	lready paid		
Type of document/Particulars		Form SH-7	
Total amount of stamps or stamp pa	aper (in Rs.)		

12.In case maximum stamp duty payable has already been pareceipt number, form number, date of filling, amount of stan			form(s) filled earlier (SRN or
receipt number, form number, date or mining, amount or stan	ip duty	раіц)	
Attachments			List of attachments
(1) Copy of the resolution for alteration of capital;	At	tach	
(5) Altered memorandum of association;	Attach moa done.pdf		
(8) Optional attachments ,if any	resolved.pdf Attach		resorved.pdr
			Remove attachment
Declaration			
DEEPMALA CHAHAR			, a
* Director		of the com	pany declare that all the
requirements of the Companies Act, 2013 and the rules made	thereur	ider have be	en compiled with.l am authorized
by the board of directors to give this declaration and to sign an	nd subm	it this Form.I	t is further declared and
verified that	roto is t	ruo corroct o	nd complete and no information
 Whatever is stated in this form and in the attachments the material to the subject matter of this form has been suppression. 			•
maintained by the promoters subscribing to the Memorani			
2. All the required attachments have been completely, corre			
3. I further declare that the company has paid correct stamp	duty as	per applicab	le Stamp Act.
To be digitally signed by			
*Designation Director	DEEPMAL/ CHAHAR	Digitally signed by OEPMALA CHAHAR Date 2012-07-09 12:01:26+05:30	
* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the company secretary	084	79801	

Certificate by practicing professional

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records 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/certified records maintained by the Company/applicant 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:

maintained as per the relevant provisions of the	prepared, signed by the required officers of the Company and e Companies Act, 2013 and were found to be in order; en completely and legibly attached to this form.
*To be digitally signed by	
Chartered accountant (in whole-time practice) Company secretary (in whole-time practice)	
Whether associate or fellow Associate	Fellow
Membership number or Certificate of practice n	number
Certificate of practice number	
	f section 448 and 449 of the Companies Act, 2013 which and punishment for false evidence respectively.
Modify Check Form	Prescrutiny
For office use only:	
eForm Service request number (SRN)	eForm filing date (DD/MM/YYYY)
This e-form is hereby registered	
Digital signature of the authorizing officer	Confirm submission
Date of signing	(DD/MM/YYYY)