

**SHAREHOLDING PATTERN (FOR CORPORATES)
(ON COMPANY'S LETTER HEAD)**

Share Holding Pattern of _____ (Name of Member) as on _____ (Date)

Paid up capital: Rs. _____ (In figures)

Paid up capital: Rs. _____ (In words)

Face value of each equity share (or any other instrument): Rs. ____ (In figures) Rs. _____ (In words)

Sr. No.	Name	Number of shares held	Amount paid-up (Rs.)	% age of total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Others @				
TOTAL				100%

NOTE:

Give similar details thereof separately only in case of indirect support taken through the body corporate

Give similar details thereof separately in case of holding company

@ Persons holding 5% or more of the paid up capital should be shown separately and not clubbed in Others.

Date:

1. _____

Signature(s)
of designated directors
with their names and
rubber stamp

2. _____

Signature(s)
of designated directors
with their names
rubber stamp

Place:

AUDITOR'S 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.

Date:

For (Name of Accounting Firm)

Place:

Name of the Partner/Proprietor
Chartered Accountant
Membership Number
Rubber stamp of firm

**Sharing Pattern (For Partnership Firm)
(On letterhead of the firm)**

Sr. No.	Name	Capital in the Firm	Share in Profit	Share in Losses
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL				100%

Date:

1. _____
Signature(s)
of managing partner
with name and
rubber stamp

2. _____
Signature(s)
of managing partner
with name and
rubber stamp

Place:

AUDITOR'S CERTIFICATE

This is to certify that the capital and sharing pattern of _____ 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.

Date:

For (Name of Accounting Firm)

Place:

Name of the Partner/Proprietor
Chartered Accountant
Membership Number
Rubber stamp of firm