

Form No. INC-22



Form language

☒ English

☐ Hindi

Notice of situation or change of situation of registered office

[Pursuant to section 12(2) & (4) of The Companies Act, 2013
and Rule 25 and 27 of The Companies (Incorporation) Rules, 2014]

Refer the instruction kit for filing the form

All fields marked in * are mandatory

1 Company Information

(a)*Corporate Identity Number (CIN)

U62090TS2025PTC203950

(b) *Name of the company

WORDSMITHS ENTERPRIZE PRIVATE LIMITED

(c) *Address of the registered office of the company

18-497/1, Mallikarjunagar, Malkajgiri,
Hyderabad, Malkajgiri, Rangareddy, Hyderabad, Telangana,
India, 500047.

(d) *Email ID of the company

*****wordsmithsenterprize.com

2 *Purpose of filing of form

Verification of registered office post
incorporation of company

Verification of registered office post incorporation of company/

Change within the local limits of city, town or village /

Change outside the local limits of city, town or village, within the same ROC and state/Change in ROC within the same state/

Change in state within the jurisdiction of existing ROC/Change in State outside the
jurisdiction of existing ROC

3 (a) *Have you filed MGT-14?

☐ Yes

☐ No

(a)(i) If yes, enter service request number (SRN) of Form MGT-14

(b) *Have you filed INC-28?

☐ Yes

☐ No

(b)(i) If yes, enter service request number (SRN) of Form INC-28

4 Notice is hereby given that

(a) *The address of the registered office of the company is situated w.e.f 12/09/2025 (DD/MM/YYYY) at

* Address Line 1

18-497/1, Mallikarjunagar,

Address Line 2

*Country

India

*Pin code/Zip code

500047

*Area/locality

Malkajgiri

*City

Rangareddy

District

Hyderabad

*State/Union territory

Telangana

*Longitude

78.526720

*Latitude

17.451458

5 Name of office of Proposed RoC or new RoC

Attachments

(a) *Proof of Registered Office address (Conveyance/Lease deed/Rent Agreement etc. along with the rent receipts) along with standard NOC in case of Leased or rented property

Rental Agreement - Anubhav_.pdf

(b) *Copies of the utility bills (not older than two months)

E bill.jpeg

(c)*Photograph of Registered Office showing external building and inside office also showing therein at least one director/ KMP who has affixed his/her Digital Signature to this form.

Intenal & external Pic.pdf

(d) Optional attachment(s) - if any

NOC Anubhav (1).pdf

Declaration

I* GUNTAKA ANUBHAV KUMAR

a person named in the articles as a Director (Director/Manager/Company Secretary) of the company

have been authorized by the Board of Directors of the Company vide resolution no

dated (DD/MM/YYYY)* 12/09/2025 to sign this form and declare that

* ☒ All the requirements of the Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with.

* ☒ I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

☐ It is hereby further certified that

, a

[Chartered accountant (in whole time practice)/ Company secretary (in whole time practice)/ Cost accountant (in whole time practice)]

having Membership number and certificate of practice no

certifying this form has been duly engaged for this purpose.

To be digitally signed by

*Designation

Director

(Director/Manager/Company Secretary/CFO/ CEO)

*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the Company Secretary

1*2*6*9*

Certificate by Practicing Professional

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 records maintained by the company 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:

1. The said records have been properly prepared, signed by the required officers of the company and maintained as per the relevant provisions of The Companies Act, 2013 and were found to be in order;
2. All the required attachments have been completely and legibly attached to this form;
3. I further declare that I have personally visited the registered office given in the form at the address mentioned herein above and verified that the said registered office of the company is functioning for the business purposes of the company.

To be digitally signed by

Category

- ☐ Chartered accountant (in whole-time practice) ☐ Cost accountant (in whole-time practice)
- ☐ Company secretary (in whole-time practice)

Whether

- ☐ Associate ☐ Fellow

Membership number

Certificate of Practice number

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

The eForm has been taken on the file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.

For office use only:

eForm Service request number (SRN)

AB8075234

eForm filing date (DD/MM/YYYY)

09/10/2025

Digital signature of the authorizing officer

This eForm is hereby registered

Date of signing (DD/MM/YYYY)