



**Excel Crop Care Limited**  
Beyond crop protection. Behind every farmer

ECCL/SEC/2019  
31<sup>st</sup> August, 2019

To,  
BSE Limited,  
Listing Department,  
Phiroze Jeejeebhoy Towers,  
Dalal Street,  
Mumbai-400001

The National Stock Exchange of India Listing  
Department,  
Exchange Plaza,  
Bandra Kurla Complex  
Bandra East,  
Mumbai - 400 051

**Ref:** The Scheme of Amalgamation (Merger by Absorption) of Excel Crop Care Limited (“ECCL” or “the Transferor Company”) with Sumitomo Chemical India Limited (“SCIL” or “the Transferee Company”) and their respective shareholders pursuant to Sections 230 to 232 of the Companies Act, 2013 and other applicable provisions of the Companies Act, 2013 (“Scheme”).

**Sub: Intimation of form INC-28 filed with Registrar of Companies**

Dear Sir/Madam,

Further to our letter dated 20th August, 2019, we hereby inform you that today i.e. on 31<sup>st</sup> August, 2019, our Company (Transferor Company) and Sumitomo Chemical India Limited (Transferee Company) have filed the certified copy of Order dated 27<sup>th</sup> June, 2019 of the Hon’ble National Company Law Tribunal along with Form INC-28 with the Ministry of Corporate Affairs (MCA) - ROC. With these filings of Forms INC-28 by both the Transferor Company and the Transferee Company, the Scheme of Amalgamation became effective.

The Copies of Forms INC-28 filed by both the Companies together with Payment Challans are enclosed.

This is for information and dissemination.

Please take the aforesaid on record and oblige.

Please contact the undersigned in case any clarifications are required on the subject.

Thanking you,

Yours faithfully,  
For **Excel Crop Care Limited**

**Pravin D. Desai**  
V.P. - Legal & Company Secretary

Encl: a/a

**MINISTRY OF CORPORATE AFFAIRS**  
**RECEIPT**  
**G.A.R.7**

SRN : H86079159

Service Request Date : 31/08/2019

Payment made into : ICICI Bank

Received From :

Name : MG CONSULTING PRIVATE LIMITED  
Address : 4,Chandan Niwas (old), M.V.Road,  
Off.Andheri Kurla Road,Opp.Vishal Hall, Andheri ( East)  
Mumbai, Maharashtra  
India - 400069

Entity on whose behalf money is paid

CIN: L74999MH1964PLC012878  
Name : EXCEL CROP CARE LTD  
Address : 184-87,S. V. ROAD  
JOGESHWARI (WEST)  
MUMBAI, Maharashtra  
India - 400102

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form INC-28	Normal	600.00
<b>Total</b>		<b>600.00</b>

Mode of Payment: Credit Card- 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. INC-28

[Section 12(6), 13(7), 58(5),87, 111(5),66(1), 230, 232, 233, 234, 237, others of the Companies Act, 2013 and section107(3), 81(4), 167, 186, 391, 394,396,397, 398, 445, 481, 466, 518, 559 & 621A ,others of the Companies Act, 1956 ]



Notice of Order of the Court  
or Tribunal or any other  
competent authority

Form Language  English  Hindi

Refer instruction kit for filing the form.

1.(a) \*Corporate identity number (CIN) or foreign company registration number (FCRN) of the company

(b) Global location number (GLN) of company

2.(a) Name of the company

(b) Address of the registered office of the company or of the principal place of business in India of the company

(c) e-mail ID of the company

3.(a) \*Order passed by

(b) \*Name of the court or or Tribunal or any other competent authority

(c) \* Location

(d) \*Petition or application number

(e) \* Order number

4. \*Date of passing the order  (DD/MM/YYYY)

5.(a) (i) Section of the Companies Act,2013 under which order passed   
(ii)Section of the Companies Act,1956 under which order passed

6. \* Number of days within which order is to be filed with Registrar (To be entered pursuant to aforesaid sections or in terms of court order or Tribunal order or order of the competent authority, as the case may be)

7. \* Date of application to court or Tribunal or the competent authority for issue of certified copy of order  (DD/MM/YYYY)

8. \*Date of issue of certified copy of order  (DD/MM/YYYY)

9. Due date by which order is to be filed with Registrar  (DD/MM/YYYY)



11. In case of amalgamation, mention whether company filing the form is transferor or transferee  Transferor  Transferee

**(b) Details of transferee company**

CIN/FCRN	<input type="text" value="U24110MH2000PLC124224"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text" value="SUMITOMO CHEMICAL INDIA LIMITED"/>	
Appointed date of amalgamation	<input type="text" value="01/04/2018"/>	(DD/MM/YYYY)

13.(a) SRN of relevant form

(Mention the SRN of relevant Form INC-23, INC-28, CHG-1, CHG-4, CHG-9, MGT-14 or any other form; if applicable)

14. \*Whether penalty involved or not  Yes  No

**Attachments**

1. \*Copy of court order or NCLT or CLB or order by any other competent authority.

Attach

2. Optional attachment(s) - if any

Attach

ECC OL payment ack.pdf  
ECC RD Payment ack.pdf  
ACK-ROC Submission ECC.pdf  
NCLT Final Order SCIL-Final.pdf

Remove attachment

### Declaration

I am authorized by the Board of Directors of the Company vide resolution no. \*

Dated \*  to sign the form and declare that all the requirements of the companies Act,2013 and rules thereunder in respect of the subject matter of this form and matters incidental thereto have been compiled with. I further declare that:

1. Whatever is stated in this form and in the attachments thereto is true ,correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the company
2. All the required attachments have been completely and legibly attached to this form

#### \*To be digitally signed by

Particulars of the person signing and submitting the form

Digitally signed by  
PRAVIN  
DURLABHD  
AS DESAI  
Date: 2019.08.20  
10:50:28 +05'30'

\* Name

Capacity

\*Designation

DIN or Income-tax PAN or Membership number

#### Certificate by practicing professional

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.

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

MANISH  
LALITCHA  
NORA  
GHIA

\*Whether associate or fellow  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.**

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 authorising officer

Date of signing

(DD/MM/YYYY)

**MINISTRY OF CORPORATE AFFAIRS****RECEIPT****G.A.R.7**

SRN : H86079647

Service Request Date : 31/08/2019

Payment made into : ICICI Bank

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**Name :** MG CONSULTING PRIVATE LIMITED  
**Address :** 4,Chandan Niwas (old), M.V.Road,  
Off.Andheri Kurla Road,Opp.Vishal Hall, Andheri ( East)  
Mumbai, Maharashtra  
India - 400069

**Entity on whose behalf money is paid**

**CIN:** U24110MH2000PLC124224  
**Name :** SUMITOMO CHEMICAL INDIA LIMITED  
**Address :** Bldg No.1,GF,Shant Manor Co-op Housing Society Ltd  
Chakravarti Ashok 'X' Road,Kandivli (E)  
Mumbai, Maharashtra  
India - 400101

**Full Particulars of Remittance**

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form INC-28	Normal	600.00
<b>Total</b>		<b>600.00</b>

**Mode of Payment:** Credit Card- ICICI Bank**Received Payment Rupees:** Six Hundred Only

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# FORM NO. INC-28

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(c) e-mail ID of the company

3.(a) \*Order passed by

(b) \*Name of the court or or Tribunal or any other competent authority

(c) \*Location

(d) \*Petition or application number

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8. \*Date of issue of certified copy of order  (DD/MM/YYYY)

9. Due date by which order is to be filed with Registrar  (DD/MM/YYYY)



11. In case of amalgamation, mention whether company filing the form is transferor or transferee  Transferor  Transferee

**(b) Details of transferee company**

CIN/FCRN	<input type="text" value="U24110MH2000PLC124224"/>	<input type="button" value="Pre-fill"/>
Name	<input type="text" value="SUMITOMO CHEMICAL INDIA LIMITED"/>	
Appointed date of amalgamation	<input type="text" value="01/04/2018"/>	(DD/MM/YYYY)

**(c) Details of transferor company(s)**

Number of transferor company(s)

1. 

Category of the transferor company	<input type="text" value="Company"/>		
CIN or FCRN or any other registration number	<input type="text" value="L74999MH1964PLC012878"/>	<input type="button" value="Pre-fill"/>	
Name	<input type="text" value="EXCEL CROP CARE LTD"/>		
Appointed date of amalgamation	<input type="text" value="01/04/2018"/>	(DD/MM/YYYY)	SRN of Form NO.INC-28 <input type="text" value="H86079159"/>

13.(a) SRN of relevant form

(Mention the SRN of relevant Form INC-23, INC-28, CHG-1, CHG-4, CHG-9, MGT-14 or any other form; if applicable)

14. \*Whether penalty involved or not  Yes  No

**Attachments**

1. \*Copy of court order or NCLT or CLB or order by any other competent authority.
2. Optional attachment(s) - if any

Attach

Attach

NCLT Final Order SCIL-Final.pdf  
ACK\_ROC Submission SCIL.pdf  
Letter for combination of authorised capital  
Payment\_receipt\_RD\_fee\_SCIL.pdf  
Ack of Stamp Duty App\_SCIL.pdf  
MOA\_SCIL\_amended.pdf

Remove attachment

### Declaration

I am authorized by the Board of Directors of the Company vide resolution no. \*

Dated \*  to sign the form and declare that all the requirements of the companies Act,2013 and rules thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I further declare that:

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2. All the required attachments have been completely and legibly attached to this form

#### \*To be digitally signed by

Particulars of the person signing and submitting the form

SUSHIL  
CHAMPAK  
LAL  
MARFATIA  
Digitally signed by  
SUSHIL  
CHAMPAK  
LAL  
MARFATIA  
Date: 2019.08.21  
12:28:05 +05'30'

\*Name

Capacity

\*Designation

DIN or Income-tax PAN or Membership number

#### Certificate by practicing professional

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.

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

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Date: 2019.08.21  
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\*Whether associate or fellow  Associate  Fellow

\*Membership number  \*Certificate of practice number

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eForm Service request number (SRN)  eForm filing date  (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)