

“[Pursuant to sections 4, 7, 8(1), 12, 152 and 153 of the Companies Act, 2013 read with rules made thereunder] –
FORM NO. INC-32

SPICE+

(Simplified Proforma for Incorporating Company Electronically Plus)

PART – A

1. (a) Type of Company
LLPIN
- (b) Class of Company
- (c) Category of Company
- (d) Sub-category of Company
2. Main division of industrial activity of the company
Description of the main division
3. Particulars of the proposed or approved name

i.	<input type="text"/>
ii	<input type="text"/>

PART - B

II. Structure of the Company

4. Whether Articles of Association is entrenched o Yes o No
Number of Articles to which provisions of entrenchment shall be applicable

Details of such articles

Sr. No.	Article Number	Short description on entrenchment of the clause

5. *Company is ☐ Having share capital ☐ Not having share capital

6. *Capital structure of the company

Total authorized share capital (in Rupees)

Authorized share capital	Equity	Preference	Unclassified
Number of shares			
Nominal amount per share (in Rupees)			
Total amount (in Rupees)			

Total subscribed share capital (in Rupees)

Subscribed share capital	Equity	Preference
Number of shares		
Nominal amount per share (in Rupees)		
Total amount (in Rupees)		

(ii) *Details of number of members

(a) Enter the maximum number of members	
(b) Maximum number of members excluding proposed employees	
(c) Number of members	
(d) Number of members excluding proposed employee(s)	

III. Address of the Company

7. (a) *Correspondence address

*Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
*State/Union Territory	<input type="text"/>	* Pin code	<input type="text"/>
*District	<input type="text"/>		
*Phone (with STD code)	<input type="text"/>	-	<input type="text"/>
Fax	<input type="text"/>		
*email ID of the company	<input type="text"/>		

(b) *Whether the address for correspondence is the address of registered office of the company o Yes o No

(c) *Name of the office of the Registrar of Companies in which the proposed company is to be registered

IV. Subscriber and Directors Details

8. (a) *Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
Total number of first subscribers (non-individual + individual)		
Number of non-individual first subscriber(s)		
Number of individual first subscriber(s) cum director(s)		
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)		

(b) *Particulars of non-individual first subscriber(s)

*Category

*Corporate identity number(CIN) or foreign company
registration number(FCRN) or any other registration number

*Name of the body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

*Line I

Line II

*City

*State /Union Territory *Pin code

*ISO Country code

Country

*Phone (With STD/ISD code) -

Fax

*email id

Particulars of the authorised person

*First Name

Middle Name

*Surname

*Father's First Name

Father's Middle Name <input style="width: 500px;" type="text"/>		
*Father's Surname <input style="width: 500px;" type="text"/>		
* Gender <input style="width: 100px;" type="text"/>	*Date of Birth <input style="width: 100px;" type="text"/>	*Nationality <input style="width: 100px;" type="text"/>
<input type="checkbox"/> PAN <input type="checkbox"/> Passport number <input style="width: 100px;" type="text"/>		<div style="border: 1px solid black; padding: 2px 5px; background-color: #d3d3d3;">Verify Details</div>
Aadhaar number <input style="width: 150px;" type="text"/>		
*Place of Birth (District & State) <input style="width: 400px;" type="text"/>		
*Occupation type <input style="width: 150px;" type="text"/>		
*Area of Occupation <input style="width: 400px;" type="text"/>		
*Educational qualification <input style="width: 400px;" type="text"/>		
Present Address		
*Line I <input style="width: 500px;" type="text"/>		
Line II <input style="width: 500px;" type="text"/>		
*City <input style="width: 500px;" type="text"/>		
*State /Union Territory <input style="width: 150px;" type="text"/>		*Pin code <input style="width: 100px;" type="text"/>
ISO Country code <input style="width: 50px;" type="text"/>		
Country <input style="width: 500px;" type="text"/>		
*Phone (With STD/ISD code) <input style="width: 80px;" type="text"/> - <input style="width: 200px;" type="text"/>		
Mobile <input style="width: 250px;" type="text"/>		
Fax <input style="width: 250px;" type="text"/>		
*email id <input style="width: 400px;" type="text"/>		
Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

(c) *Particulars of individual first subscriber(s) (other than subscriber cum director)

I	*Director Identification number (DIN) <input style="width: 150px;" type="text"/>	<div style="border: 1px solid black; padding: 2px 5px; background-color: #d3d3d3;">Pre-Fill</div>
	*Name <input style="width: 500px;" type="text"/>	
	Kind of shares subscribed	Number of subscribed shares
	Equity shares	
	Preference shares	

I	*First Name <input style="width: 400px;" type="text"/>	
	Middle Name <input style="width: 400px;" type="text"/>	
	*Surname <input style="width: 400px;" type="text"/>	

*Father's first name	<input type="text"/>		
Father's middle name	<input type="text"/>		
*Father's surname	<input type="text"/>		
*Gender	<input type="text"/>	*Date of Birth	<input type="text"/>
		*Nationality	<input type="text"/>
*Place of Birth	<input type="text"/>		
*Occupation type <input type="radio"/> Self Employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman			
*Area of Occupation	<input type="text"/>		
If 'Others' selected, please specify	<input type="text"/>		
*Educational Qualification	<input type="text"/>		
* <input type="checkbox"/> PAN <input type="checkbox"/> Passport number	<input type="text"/>	<input type="button" value="Verify Details"/>	
Aadhaar number	<input type="text"/>		
*email ID	<input type="text"/>		
Permanent Address			
*Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
* State/ Union Territory	<input type="text"/>	Pin code	<input type="text"/>
*ISO Country code	<input type="text"/>	Country	<input type="text"/>
*Phone (with STD/ISD code)	<input type="text"/>	<input type="text"/>	
*Whether present residential address same as permanent residential address <input type="radio"/> Yes <input type="radio"/> No			
Present address			
*Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
*State/ Union Territory	<input type="text"/>	*Pin code	<input type="text"/>
*ISO Country code	<input type="text"/>	Country	<input type="text"/>
*Phone (with STD/ISD code)	<input type="text"/>	<input type="text"/>	
*Duration of stay at present address	<input type="text"/>	Years	<input type="text"/>
		Months	<input type="text"/>
If Duration of stay at present address is less than one year then address of previous residence			
<input type="text"/>			

*Proof of identity

*Residential Proof

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

(d) *Particulars of individual first subscriber(s) cum directors

I *Director Identification number (DIN) Pre-Fill

*Name

*Gender *Date of Birth *Nationality

*Designation *Category

Whether ☐ Chairman ☐ Executive director ☐ Non-executive director

*Name of the company or institution whose nominee the appointee is

*email ID

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)

*Registration number

*Name

*Address

Nature of interest	*Designation	<input type="text"/>
	Percentage of Shareholding	<input type="text"/> Amount <input type="text"/>
	Others (specify)	<input type="text"/>

I *First Name

Middle Name

*Surname

*Father's first name

Father's middle name

*Father's surname

*Gender	<input type="text"/>	*Date of Birth	<input type="text"/>	*Nationality	<input type="text"/>
*Place of Birth <input type="text"/>					
*Whether citizen of India <input type="radio"/> Yes <input type="radio"/> No			*Whether resident in India <input type="radio"/> Yes <input type="radio"/> No		
*Occupation type <input type="radio"/> Self Employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman					
*Area of Occupation <input type="text"/>					
If 'Others' selected, please specify <input type="text"/>					
*Educational Qualification <input type="text"/>					
* <input type="checkbox"/> PAN <input type="checkbox"/> Passport number <input type="text"/> <div style="float: right; border: 1px solid black; padding: 2px 5px;">Verify Details</div>					
*Designation <input type="text"/>			*Category <input type="text"/>		
Whether <input type="checkbox"/> Chairman <input type="checkbox"/> Executive director <input type="checkbox"/> Non-executive director					
*Name of the company or institution whose nominee the appointee is <input type="text"/>					
*email ID <input type="text"/>					
Permanent Address					
*Line I <input type="text"/>					
Line II <input type="text"/>					
*City <input type="text"/>					
* State/ Union Territory <input type="text"/>			*Pin code <input type="text"/>		
*ISO Country code <input type="text"/>		Country <input type="text"/>			
*Phone (with STD/ISD code) <input type="text"/> - <input type="text"/>					
*Whether present residential address same as permanent residential address <input type="radio"/> Yes <input type="radio"/> No					
Present address					
*Line I <input type="text"/>					
Line II <input type="text"/>					
*City <input type="text"/>					
*State/ Union Territory <input type="text"/>			*Pin code <input type="text"/>		
*ISO Country code <input type="text"/>		Country <input type="text"/>			
*Phone (with STD/ISD code) <input type="text"/> <input type="text"/>					
*Duration of stay at present address <input type="text"/> Years <input type="text"/> Months					
If Duration of stay at present address is less than one year then address of previous residence <input type="text"/>					
*Proof of identity <input type="text"/>			*Residential Proof <input type="text"/>		
Voter's identity card number <input type="text"/>					
Driving license number <input type="text"/>					
Aadhaar Number <input type="text"/>					

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

Number of entities in which director have interest *Registration number *Name *Address

Nature of interest

*Designation Percentage of Shareholding Amount Others (specify)

(e) *Particulars of directors (other than first subscribers)

I

*Director Identification number (DIN)

Pre-Fill

*Name *Gender *Date of Birth *Nationality *Designation *Category Whether ☐ Chairman ☐ Executive director ☐ Non-executive director

*Name of the company or institution whose nominee the appointee is

*email ID Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN) *Registration number *Name *Address

Nature of interest

*Designation Percentage of Shareholding Amount Others (specify)

I	*First Name	<input type="text"/>		
	Middle Name	<input type="text"/>		
	*Surname	<input type="text"/>		
	*Father's first name	<input type="text"/>		
	Father's middle name	<input type="text"/>		
	*Father's surname	<input type="text"/>		
	*Gender	<input type="text"/>	*Date of Birth	<input type="text"/>
			*Nationality	<input type="text"/>
	*Place of Birth	<input type="text"/>		
	*Whether citizen of India <input type="radio"/> Yes <input type="radio"/> No *Whether resident in India <input type="radio"/> Yes <input type="radio"/> No			
	*Occupation type <input type="radio"/> Self Employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman			
	*Area of Occupation	<input type="text"/>		
	If 'Others' selected, please specify	<input type="text"/>		
	*Educational Qualification	<input type="text"/>		
	* <input type="checkbox"/> PAN <input type="checkbox"/> Passport number	<input type="text"/>	<input type="button" value="Verify Details"/>	
	*Designation	<input type="text"/>	*Category	<input type="text"/>
	Whether <input type="checkbox"/> Chairman <input type="checkbox"/> Executive director <input type="checkbox"/> Non-executive director			
	*Name of the company or institution whose nominee the appointee is			
	<input type="text"/>			
	*email ID	<input type="text"/>		
	Permanent Address			
	*Line I	<input type="text"/>		
	Line II	<input type="text"/>		
	*City	<input type="text"/>		
*State/ Union Territory	<input type="text"/>	*Pin code	<input type="text"/>	
*ISO Country code	<input type="text"/>	Country	<input type="text"/>	
*Phone (with STD/ISD code)	<input type="text"/>	-	<input type="text"/>	
*Whether present residential address same as permanent residential address <input type="radio"/> Yes <input type="radio"/> No				
Present address				
*Line I	<input type="text"/>			
Line II	<input type="text"/>			
*City	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*State/ Union Territory			*Pin code	
*ISO Country code	<input type="text"/>	Country	<input type="text"/>	
*Phone (with STD/ISD code)	<input type="text"/>	-	<input type="text"/>	

*Duration of stay at present address Years Months

If Duration of stay at present address is less than one year then address of previous residence

*Proof of identity

*Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Number of entities in which director have interest

*Registration number

*Name

*Address

Nature of
interest

*Designation

Percentage of Shareholding

Amount

Others (specify)

V. OPC Nomination

9. (a) *Nomination

I * ,
the subscriber to the memorandum of association of

do hereby nominate *

who shall become the member of the company in the event of my death or incapacity to contract. I declare that the nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules, 2014.

(b) *Particulars of the Nominee

Director Identification number(DIN)

Pre-Fill

*First Name

Middle Name

*Surname

*Father's First Name

Father's Middle Name

*Father's Surname

*Gender

*Date of Birth

Nationality

*Income- tax PAN

Verify Details

Aadhaar number

*Place of Birth (District & State)			
*Occupation type			
*Area of Occupation			
*Educational qualification			
Permanent Address			
*Line I			
Line II			
*City			
*State /Union Territory		*Pin code	
*ISO Country code			
Country			
*Phone (With STD/ISD code)			
Mobile			
Fax			
*email id			
*Whether present address is same as the permanent address <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present Address			
*Line I			
Line II			
*City			
*State/Union Territory		*Pin code	
*ISO Country code			
Country			
Phone (With STD/ISD code)			
Mobile			
Fax			
*Duration of stay at present address		Years	Months
If Duration of stay at present address is less than one year then address of previous residence			
*Proof of identity		*Residential Proof	

VI. Stamp Duty

10. Particulars of payment of stamp duty

(a) State or Union territory in respect of which stamp duty is paid or to be paid

Pre-Fill

(b) * Whether stamp duty is to be paid electronically through MCA21 system

☐ Yes

☐ No

☐ Not applicable

(i) Details of stamp duty to be paid

Type of document/ Particulars	Form	Memorandum of association	Articles of association
Amount of stamp duty to be paid (in Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form	Memorandum of association	Articles of association	Others
Total amount of stamp duty paid (in Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mode of payment of stamp duty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of vendor or Treasury or Authority or any other competent agency authorised to collect stamp duty or to sell stamp papers or to emboss the documents or to dispense stamp vouchers on behalf of the Government	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serial number of embossing or stamps or stamp paper or treasury challan number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number of vendor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of purchase of stamps or stamp paper or payment of stamp duty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IX. Declaration**Declaration**

- ☐ I have gone through the provisions of the Companies Act, 2013, the rules thereunder and prescribed guidelines framed thereunder in respect of reservation of name, understood the meaning thereof and the proposed name is in conformity thereof.
- ☐ I have used the search facilities available on the portal of the Ministry of Corporate Affairs (MCA) for checking the resemblance of the proposed name with the companies and Limited Liability Partnerships (LLPs) respectively already registered or the names already approved. I have also used the search facility for checking the resemblances of the proposed name with registered trademarks and trade mark subject of an application under the Trade Marks Act, 1999 and other relevant search for checking the resemblance of the proposed name to satisfy myself with the compliance of the provisions of the Act for resemblance of name and Rules thereof.
- ☐ The proposed name is not in violation of the provisions of Emblems and Names (Prevention of Improper Use) Act, 1950 as amended from time to time.
- ☐ The proposed name is not offensive to any section of people, e.g. proposed name does not contain profanity or words or phrases that are generally considered a slur against an ethnic group, religion, gender or heredity.
- ☐ The proposed name is not such that its use by the company will constitute an offence under any law for the time being in force.
- ☐ I undertake to be fully responsible for the consequences in case the name is subsequently found to be in contravention of the provisions of section 4(2) and section 4(4) of the Companies Act, 2013 and rules thereto and I have also gone through and understood the provisions of section 4(5) (ii) (a) and (b) of the Companies Act, 2013 and rules thereunder and fully declare myself responsible for the consequences thereof.
- ☐ *I , a person named in the articles as a director of the company has been duly authorized by the promoters of the company to sign this form and declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect of Director Identification Number (DIN), registration of the company and matters precedent or incidental thereto have been complied with.
- ☐ I am authorized by the promoter subscribing to the Memorandum of Association and Articles of Association and the first director(s) to give this declaration and to sign and submit this Form.
- ☐ I further declare that, company shall not commence its business, unless all the required approval from the sectoral Regulators such as RBI, SEBI etc. have been obtained;
- ☐ I on behalf of the promoters and the first directors, hereby declare that the registered office is capable of receiving and acknowledging all communications and notices addressed to the proposed company on incorporation, shall be maintained at the given address at item 7 of this form;
- ☐ *I, on behalf of all the first director(s) named in the Articles of Association of the proposed company, solemnly declare, that the declaration given herein as stated above are true to the best of my knowledge and belief, the information given in this integrated application form for incorporation and attachments thereto are correct and complete, and nothing relevant to this form has been suppressed. All the required attachments have been completely, correctly and legibly attached to this form and are as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.
- ☐ I, on behalf of the proposed Directors whose particulars for allotment of DIN are filled as above, hereby confirm and declare that they are not restrained, disqualified, removed for being appointed as Director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and I further declare that I have read and understood the provisions of

Sections 154, 155, 447 and 448 read with Sections 449, 450 and 451 of the Companies Act, 2013.

☐ * ,

 having Membership number and/or certificate of practice number
 has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

Note: Attention is drawn to the provisions of sections 7(5) and 7(6) which, *inter-alia*, provides that furnishing of any false or incorrect particulars of any information or suppression of any material information shall attract punishment for fraud under section 447. Attention is also drawn to provisions of section 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.

*To be digitally signed by director

DSC BOX

*DIN / PAN

X. Declaration and Certification by Professional

Declaration and Certification by Professional

I ,
 member of
 having office at *

Who is engaged in the formation of the company declare that I have been duly engaged for the purpose of certification of this form. It is hereby also 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 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;

- (i) the draft memorandum and articles of association have been drawn up in conformity with the provisions of sections 4 and 5 and rules made thereunder; and
- (ii) all the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the company under section 7 of the Act and matters precedent or incidental thereto have been complied with. 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;
- (iii) I have opened all the attachments to this form and have verified these to be as per requirements, complete and legible;
- (iv) I further declare that I have personally visited the premises of the proposed registered office given in the form at the address mentioned herein above and verified that the said proposed registered office of the company will be functioning for the business purposes of the company (wherever applicable in respect of the proposed registered office has been given).
- (v) It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

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

* Whether associate or fellow ☐ Associate ☐ Fellow

* Membership number

Certificate of practice number

* Income-tax PAN

Modify

Check Form

Prescrutiny

Submit

For office use only:

Affix eStamp and filing details

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Confirm submission

Date of signing

(DD/MM/YYYY)

FORM NO. INC-35

[Pursuant to rule 38A of the Companies (Incorporation) Rules, 2014]



सत्यमेव जयते

AGILE-PRO

(**A**pplication for **G**oods and services tax Identification number, employees state **I**nsurance corporation registration p**L**us **E**mployees provident fund organization registration, **P**rofession tax **R**egistration and **O**pening of bank account)

(This AGILE-PRO form is part of SPICe+ form for GSTIN / EPFO / ESIC/ Profession Tax/ Bank Account)

*Name of the company

1. * Do you want to apply for GSTIN

☐ Yes

☐ No

2. * State (Same as entered in SPICe+)

3. * District (Same as entered in SPICe+)

4. * State Jurisdiction

* Sector / Circle / Ward /Charge / Unit

5. * Center Jurisdiction

Commissionerate

Division

Range

6. * Reason to Obtain Registration

Voluntary

7. * Whether The Establishment On Lease ☐ Yes ☐ No

* Leased From Date

To Date

(a). * Nature of possession of premises

(b) * Proof of Principal Place of Business

(c) * Whether the building/premises of Establishment.is owned or hired.

* If hired or there is a change in the name of Unit/ownership, please indicate

* Leased From Date To Date

8. * Option for Composition ☐ Yes ☐ No

a) Composition Declaration

☐ I hereby declare that aforesaid business shall abide by the conditions and restrictions specified in the Act or Rules for opting to pay tax under the composition levy.

b) Category of Registered Person

☐ Manufacturer of non-notified goods

☐ Supplier of food and non-alcoholic drinks

☐ Any other eligible supplier

9. * Nature of Business Activity being carried out at above mentioned Premises (Please tick applicable)

Factory / Manufacturing	<input type="checkbox"/>	Wholesale Business	<input type="checkbox"/>	Retail Business	<input type="checkbox"/>
Warehouse/Depot	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplier of services	<input type="checkbox"/>
Office/Sale Office	<input type="checkbox"/>	Leasing Business	<input type="checkbox"/>	Recipient of goods or services	<input type="checkbox"/>
EOU/ STP/ EHTP	<input type="checkbox"/>	Works Contract	<input type="checkbox"/>	Export	<input type="checkbox"/>
Import	<input type="checkbox"/>	Others (specify), If others, please specify _____	<input type="checkbox"/>		

(A). * Primary Business Activity

* If Others selected, please specify

(B) * Exact nature of work / business

* Work Sub-category

* Nature of work business

10. * Details of the Goods supplied by the Business

HSN Code (Four digit)

Description of Goods

Pre-fill

11. * Details of Services supplied by the Business.

Service Accounting Code

Description of Services

Pre-fill

12. Directors / Primary Owners / Office Bearer/ Authorised Signatory for Banks and Profession**Tax Details**

(Minimum number of directors to be entered for OPC shall be 1, 2 in case of private company, 3 in case of public limited company and 5 in case of Producer Company)

Number of Director details to be entered

(A) *Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

* ☐ Directors Identification Number (DIN) ☐ Permanent Account Number (PAN)

*DIN

Pre-fill

Photograph

*PAN

*First Name

Middle Name

*Last Name

Attach
Photograph

Remove
Photograph

Attach a latest passport size photograph by clicking the above box

*Personal Mobile Number

+91

Send OTP

*Personal Email Id

*Enter OTP for Mobile Number

Verify OTP

*Enter OTP for Email Id

(B) *Director Details other than Authorised Signatory / Primary Owner / Office Bearer

* ☐ Directors Identification Number ☐ Permanent Account Number / Passport Number (in case of foreign national)

*DIN

Pre-fill

Photograph

*PAN / Passport Number

*First Name

Middle Name

*Last Name

Attach
Photograph

Remove
Photograph

*Personal Mobile Number

*Personal Email ID

Attach a latest passport size photograph by clicking the above box

13. * Police Station

14. * Employer's Particulars

* Select Appropriate Branch Office

* Select Inspection Office

15. *Bank Particulars

* Select Bank Name

Attachments**List of Attachments**

1. *Proof of Principal place of business

Attach

2. *Proof of appointment of Authorized Signatory for GSTN

Attach

(Either of the following document can be attached.*Letter of Authorisation/ Copy of Resolution passed by BoD/ Managing Committee and Acceptance letter)*3. *Proof of Identity of Authorized Signatory for opening
Bank Account

Attach

4. *Proof of Address of Authorized Signatory for opening
Bank Account

Attach

5. *Specimen Signature of Authorized Signatory for EPFO

Attach

**Remove
attachment****GST Declaration (By Authorized Signatory)**

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

***ESIC Declaration (By Office Bearer)**

☐ I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporation as soon as such change takes place.

Profession Tax Declaration

☐ The above information is true to the best of my knowledge and belief.

***EPFO Declaration (By Primary Owner)**

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

***Bank Declaration (By Authorized Signatory)**

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

I authorize Bank and its officials to contact me/us on phone/ email/ sms for the purpose of opening of bank account.

I understand that the bank account number generated through this process will be shared with MCA by the banks.

I/we undertake to complete all documentary requirements as per bank KYC norms before activation of the account.

Place

Date

Designation

***To be digitally signed by director (who has signed the SPICe+ form)**

* DIN/PAN

DSC BOX

(Authorized Signatory / Primary Owner / Office Bearer signing the AGILE-PRO form shall provide his Permanent Account Number)"

Modify

Check Form

Prescrutiny

Submit

[Pursuant to section 4(4) of the Companies Act, 2013 and pursuant to rule 8 & 9 of the Companies (Incorporation) Rules, 2014]

**RUN****Reserve Unique Name****(For change of name only)**

Service Request Number:

Dated:


Company Details☐ New Request☐ Resubmission**SRN****Pre-fill****CIN****Proposed Name 1****Proposed Name 2****Auto Check****Comments****Choose File**

No file chosen

Once you have submitted the name reservation request for change of name of company it will then be checked and, if found feasible, approved by the Central Registration Centre (CRC). You will receive an email from the CRC advising the outcome of the name reservation request.

Submit

(ii) for form No.INC-9, the following form shall be substituted, namely:-

“Pursuant to Sections 7(1)(c) to the Companies Act, 2013 and rule 15 of the Companies (Incorporation) Rules, 2014	 सत्यमेव जयते	FORM NO. INC-9 Declaration by Subscribers and First Directors
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1. Name of the Company

This declaration is in respect of:

	Having valid DIN	Not having valid DIN
Total number of first subscribers (non-individual + individual)		
Number of non-individual first subscriber(s)		
Number of individual first subscriber(s) cum director(s)		
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)		

2(b) Authorized person of non-individual first subscriber(s)

I. Income-tax permanent account number (PAN)

Declaration	
I <input style="width: 100px;" type="text"/> being the subscriber to the memorandum, of the above named proposed company, hereby solemnly declare and affirm that:	
<input type="checkbox"/> I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years; and	
<input type="checkbox"/> I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years; and	
<input type="checkbox"/> All the documents filed with the Registrar for registration of the company contain information that is correct and complete and true to the best of my knowledge and belief.	
DSC	<div style="background-color: orange; color: white; padding: 5px; display: inline-block;">DSC BOX</div>

2(c) Particulars of individual first subscriber(s) (other than subscriber cum director)

I. Director Identification Number(DIN)

Declaration	
I	<div style="border: 1px solid black; width: 150px; height: 1.2em; display: inline-block;"></div> being the subscriber to the memorandum, of the above named proposed company, hereby solemnly declare and affirm that: <ul style="list-style-type: none"> <input type="checkbox"/> I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years; and <input type="checkbox"/> I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years; and <input type="checkbox"/> All the documents filed with the Registrar for registration of the company contain information that is correct and complete and true to the best of my knowledge and belief.
DSC	<div style="background-color: orange; width: 300px; height: 25px; margin: 0 auto;"></div> DSC BOX

II. Income-tax permanent account number (PAN)

Declaration	
I	<div style="border: 1px solid black; width: 150px; height: 1.2em; display: inline-block;"></div> being the subscriber to the memorandum, of the above named proposed company, hereby solemnly declare and affirm that: <ul style="list-style-type: none"> <input type="checkbox"/> I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years; and <input type="checkbox"/> I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years; and <input type="checkbox"/> All the documents filed with the Registrar for registration of the company contain information that is correct and complete and true to the best of my knowledge and belief.
DSC	<div style="background-color: orange; width: 300px; height: 25px; margin: 0 auto;"></div> DSC BOX

2(d) Particulars of individual first subscriber(s) cum directors

I. Director Identification Number(DIN)

Declaration	
I	<div style="border: 1px solid black; width: 150px; height: 1.2em; display: inline-block;"></div> being the subscriber to the memorandum and named as first director in the articles, of the above named proposed company, hereby solemnly declare and affirm that: <ul style="list-style-type: none"> <input type="checkbox"/> I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years; and <input type="checkbox"/> I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years; and <input type="checkbox"/> All the documents filed with the Registrar for registration of the company

DSC

contain information that is correct and complete and true to the best of my knowledge and belief.

DSC BOX

II. Income-tax permanent account number (PAN)

Declaration

I being the subscriber to the memorandum and named as first director in the articles, of the above named proposed company, hereby solemnly declare and affirm that:

- ☐ I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years; and
- ☐ I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years; and
- ☐ All the documents filed with the Registrar for registration of the company contain information that is correct and complete and true to the best of my knowledge and belief.

DSC

DSC BOX

2(e) Particulars of directors (other than first subscribers)

I. Director Identification Number(DIN)

Declaration

I being named as first director in the articles, of the above named proposed company, hereby solemnly declare and affirm that:

- ☐ I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years; and
- ☐ I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years; and
- ☐ All the documents filed with the Registrar for registration of the company contain information that is correct and complete and true to the best of my knowledge and belief.

DSC

DSC BOX

II. Income-tax permanent account number (PAN)

Declaration

I being named as first director in the articles, of the above named proposed company, hereby solemnly declare and affirm that:

- ☐ I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years; and
- ☐ I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years; and
- ☐ All the documents filed with the Registrar for registration of the company contain information that is correct and complete and true to the best of my knowledge and belief.

DSC

DSC BOX

”

(iii) in form No. INC-33, the letters, words and brackets “MOA language 0 English 0 Hindi SRN of form (RUN)” shall be omitted;

(iv) in form No. INC-34, the letters, words and brackets “AOA language 0 English 0 Hindi SRN of form (RUN)” shall be omitted;

(v) in Form No.URC-1, the words and letters “Form language 0 English 0 Hindi SRN of RUN” shall be omitted.

[F. No. 1/13/2013 CL-V, Vol.IV]

K.V.R. MURTY, Jt. Secy.

Note: The principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), *vide* number G.S.R. 250(E), dated the 31st March, 2014 and last amended *vide* number G.S.R.793 (E) dated the 16th October, 2019.