[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Subsection (i)]

GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, the 6th February, 2020

- G.S.R......(E)._ In exercise of the powers conferred by sub-sections (1) and (2) of section 469 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (Incorporation) Rules, 2014, namely: -
- 1. Short title and commencement.- (1) These rules may be called the Companies (Incorporation) Amendment Rules, 2020.
- (2) They shall come into force with effect from the 15th February, 2020.
- 2. In the Companies (Incorporation) Rules, 2014 (hereinafter referred to as the said rules), for rule 9, the following rule shall be substituted, namely:-
- "9. Reservation of name or change of name.- An application for reservation of name shall be made through the web service available at www.mca.gov.in by using web service SPICe+ (Simplified Proforma for Incorporating Company Electronically Plus: INC-32), and for change of name by using web service RUN (Reserve Unique Name) along with fee as provided in the Companies (Registration Offices and Fees) Rules, 2014, which may either be approved or rejected, as the case may be, by the Registrar, Central Registration Centre after allowing resubmission of such web form within fifteen days for rectification of the defects, if any, with effect from the 15th February, 2020."

- 3. In the said rules, in rules 10, 12, sub-rule (1) of rule 19, sub-rules (1),(2),(3), (4), (7) and (9) of rule 38, for the words, letters, figures and brackets,, "Form No INC-32 (SPICe), wherever they occur, the letters, brackets, words and figures "SPICe+ (Simplified Proforma for Incorporating Company Electronically Plus: INC-32)" shall be substituted with effect from the 15th February, 2020
- 4. In the said rules, in rule 38, in the marginal heading, for the word, brackets and letters "Electronically (SPICE)", the words, brackets and letters "Electronically Plus (SPICE+)" shall be substituted with effect from the 15th February, 2020.
- 5. In the said rules, in rule 38A,-
- (i) in the marginal heading, for the words, brackets and letters "and Employees' Provident Fund Organisation (EPFO) Registration", the words, brackets and letters "Employees' Provident Fund Organisation (EPFO) Registration and Profession Tax Registration and Opening of Bank Account" shall be substituted;
- (ii) for the letters "AGILE", the letters "AGILE-PRO", shall be substituted;
- (iii) after clause (c), the following clauses shall be inserted, namely:-
 - "(c) Profession Tax Registration with effect from the 15th February, 2020
 - (d) Opening of Bank Account with effect from 15th February, 2020.".
- 6. In the said rules, in the annexure,-
- (i) for forms "RUN, e-form No INC-32 (SPICe), and e-form No.INC-35 (AGILE), the following forms shall be substituted, namely:-

"[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+

| M NO. II | NC-32 | | (Sim Plus | | ma for Incorporating (| Company Electronic |
|---|--|---------------------------------------|--------------------------------------|---|-----------------------------------|--------------------|
| | | | | RT – A | | |
| (b) Cla | pe of Company LLPIN ass of Company stegory of Company b-category of Comp | any | | | | |
| | division of industrial | | e company | | | |
| Partici i. | ulars of the proposed | l or approved r | name | | | |
| | | | | | | |
| . Structu | re of the Company | | PA | RT - B | | |
| . Wheth Numb Details | her Articles of Associate of Articles to which | ch provisions o | nched o Ye | s o No nent shall be a | | |
| . Wheth | her Articles of Associ er of Articles to which s of such articles | ch provisions o | nched o Ye | s o No nent shall be a | pplicable enchment of the clas | use |
| . Wheth Numb Details Sr. N . *Com | her Articles of Associate of Articles to which is of such articles No. Article Nonpany is Having ital structure of the control of the contro | umber share capital | nched o Ye of entrenchn Short descr | s o No nent shall be a | enchment of the clau | use |
| . Wheth Numb Details Sr. N . *Com . *Cap Total | her Articles of Associate of Articles to which is of such articles No. Article Note that it is a structure of the contact authorized share cap | share capital ompany oital (in Rupees | nched o Ye of entrenchn Short descr | es o No nent shall be a iption on entr ving share cap | enchment of the clau | |
| Sr. M *Com *Capi Total Aut | her Articles of Associer of Articles to which is of such articles No. Article Note that the pany is Having ital structure of the cauthorized share capital | share capital ompany oital (in Rupees | nched o Ye of entrenchn Short descr | s o No nent shall be a iption on entr | enchment of the clau | Unclassified |
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| otal subscribed share capital (in Rupees) Subscribed share capital | Equity | | Preference |
|--|--|-------------|-------------------------|
| Number of shares | | | 9 |
| Nominal amount per share (in Rupees) | | | |
| Total amount (in Rupees) | | | |
| | | | |
| *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 | e(s) | | |
| | | | |
| ddress of the Company | | | |
| a) *Correspondence address | | | |
| Line I | | | |
| Line II | | | |
| City | | | |
| | * Pin o | ode | |
| State/Union Territory | | | |
| District | | | |
| Phone (with STD code) - | | | |
| Pax | | | |
| email ID of the company | | | |
| b) *Whether the address for correspondence is the addr | ess of registered of | ffice of th | e company o Yes o No |
| c) *Name of the office of the Registrar of Companies in | n which the propos | ed compa | any is to be registered |
| c) Walle of the office of the Registral of Companies in | 11 TONS 2002 TO 11 TO 12 | | |
| | | | |
| Subscriber and Directors Details | | | |
| | | | |
| (a) *Number of first subscriber(s) to MOA and director | | - WASSALL | 1 |
| | Having DIN | valid | Not having valid |
| Total number of first subscribers (non-individual + individual) | | | |
| Number of non-individual first subscriber(s) | | | |
| Number of individual first subscriber(s) cum director | r(s) | | |
| Total number of directors (director(s) who is/are not subscriber(s) + subscriber | r(e) | | |

| Category | |
|-----------------------------|--|
| Corporate identity number | er(CIN) or foreign company Pre-Fill |
| | I) or any other registration number |
| Name of the body corpor | rate |
| | to the second se |
| | or Principal place of business in India or Principal place of business outside India |
| Line I | |
| Line II | |
| City Union Torritory | *Pin code |
| State /Union Territory | 1111 0000 |
| ISO Country code | |
| Country | |
| Phone (With STD/ISD co | ode) |
| Fax | |
| *email id | |
| Particulars of the auth | orisea person |
| *First Name | |
| Middle Name | |
| *Surname | |
| *Father's First Name | |
| Father's Middle Name | |
| *Father's Surname | |
| * Gender | *Date of Birth *Nationality |
| | |
| □ PAN □ Passport numb | Der Verify |
| Aadhaar number | |
| *Place of Birth (District 8 | & State) |
| *Occupation type | |
| *Area of Occupation | |
| *Educational qualification | on |
| Present Address | |
| *Line I | |
| Line II | |
| *City | *Pin code |
| *State /Union Territory | PIII code |
| ISO Country code | |
| Country | |
| *Phone (With STD/ISD | code) |
| Mobile | |

| Lyane | y shares |
|---------|---|
| Prefe | rence shares |
| c) *Par | ticulars of individual first subscriber(s) (other than subscriber cum director) |
| ÍΓ | *Director Identification number (DIN) |
| | *Name |
| | Kind of shares Number of subscribed shares Amount of shares subscribed subscribed |
| | Equity shares Preference shares |
| Ĺ | |
| 1 | *First Name |
| | Middle Name |
| | *Surname *Father's first name |
| | Father's middle name |
| | *Father's surname |
| | *Gender *Date of Birth *Nationality |
| | *Place of Birth |
| | |
| | *Occupation type o Self Employed o Professional o Homemaker o Student o Serviceman |
| | *Area of Occupation |
| | If 'Others' selected, please specify |
| | *Educational Qualification |
| | |
| | * □ PAN □ Passport number Verify |
| | * □ PAN □ Passport number Verify Aadhaar number |
| | * □ PAN □ Passport number Verify Aadhaar number * email ID |
| | * □ PAN □ Passport number Aadhaar number *email ID Permanent Address |
| | * □ PAN □ Passport number Aadhaar number *email ID Permanent Address *Line I |
| | * □ PAN □ Passport number Aadhaar number *email ID Permanent Address *Line I Line II |
| | * □ PAN □ Passport number Aadhaar number * email ID Permanent Address * Line I Line II *City |
| | * □ PAN □ Passport number Aadhaar number *email ID Permanent Address *Line I Line II *City * State/ Union Territory *Pin code |
| | * □ PAN □ Passport number Aadhaar number *email ID Permanent Address *Line I Line II *City * State/ Union Territory *Pin code *ISO Country code Country |
| | * □ PAN □ Passport number Aadhaar number * email ID Permanent Address *Line I Line II *City * State/ Union Territory * Pin code *ISO Country code Country *Phone (with STD/ISD code) |
| | * □ PAN □ Passport number Aadhaar number *email ID Permanent Address *Line I Line II *City * State/ Union Territory *Pin code *ISO Country code Country |
| | * □ PAN □ Passport number Aadhaar number * email ID Permanent Address *Line I Line II *City * State/ Union Territory * Pin code *ISO Country code Country *Phone (with STD/ISD code) |

| | | *p | in code |
|--|---|--|--|
| *State/ Union T | | | III COME |
| *ISO Country c | | Country | |
| *Phone (with S | | | Months |
| *Duration of sta | y at present a | address Years Years | The state of the s |
| If Duration of st | tay at present | address is less than one year then a | duress or provides |
| | | | |
| *Proof of identi | ty | *Residential | Proof |
| | | and proof of address under attach | ments. |
| Kind of subscribed | shares | Number of subscribed shares | Amount of shares subscribed |
| Equity shares | | | |
| Preference sh | ares | | |
| | | | |
| articulars of indiv | idual first subs | scriber(s) cum directors | |
| *Director Iden | tification numl | ber (DIN) | Pre- |
| *Name | | * | |
| *Gender | | *Date of Birth | *Nationality |
| Participation | | | tegory |
| *Designation | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ocutive director - Non-executive di | rector |
| | | ecutive director Non-executive di | |
| | | stitution whose nominee the appoint | |
| *Name of the | | | |
| | | | ee is |
| *Name of the | | | |
| *Name of the *email ID Kind of | company or in | stitution whose nominee the appointed | ee is Amount of shares subscribed |
| *Name of the *email ID Kind of subscribed | shares | stitution whose nominee the appointed | ee is Amount of shares subscribed |
| *Name of the *email ID Kind of subscribed Equity share Preference s | shares | Number of subscribed shares | ee is Amount of shares subscribed |
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| *Name of the *email ID Kind of subscribed Equity share Preference s Number of en to mention if *Registration *Name *Address Nature of | shares tities in which such entity is on number *Designati | Number of subscribed shares director have interest (Need not having CIN/FCRN/LLPIN) ion e of Shareholding Amo | ee is Amount of shares subscribed |

| Middle Name | | |
|--|--|----------------------------|
| *Surname | | |
| *Father's first name | | |
| Father's middle name | | |
| *Father's surname | | |
| *Gender | *Date of Birth | *Nationality |
| *Place of Birth | | |
| *Whether citizen of Inc | a o Yes o No *Whether resident | ent in India o Yes o No |
| | f Employed o Professional o Homema | ker o Student o Serviceman |
| *Area of Occupation | , and the same of | |
| If 'Others' selected, pl | ase specify | |
| *Educational Qualifica | | |
| * 🗆 PAN 🗆 Passport | Proceedings of the control of the co | Verify |
| *Designation | * | Category |
| Whether Chairman | □ Executive director □ Non-executive | e director |
| *Name of the compan | or institution whose nominee the appoint | intee is |
| | | |
| *email ID | | |
| Permanent Address | | |
| *Line I | | |
| Line II | | |
| *City | | |
| * State/ Union Territo | у | *Pin code |
| *ISO Country code | Country | |
| *Phone (with STD/IS | | 0000 |
| *Whether present resi | ential address same as permanent reside | ential address o Yes o No |
| Present address | | |
| *Line I | | |
| Line II | | |
| *City | | *Pin code |
| *State/ Union Territo | | 1 iii code |
| | Country | |
| *ISO Country code *Phone (with STD/IS |) anda | |

| *Proof of ident | ty | | *Residentia | l Proof |
|---|--|--|--|---|
| Voter's identity | | | | |
| Driving license | number | | - | |
| Aadhaar Numb | | | | |
| | | and proof of address | under attach | ments. |
| | | | | Amount of shares subscribe |
| Kind of subscribed | shares | Number of subscrib | ed snares | Amount of shares subscribe |
| Equity share: | 5 | | | |
| Preference sl | nares | | | |
| Number of en | tities in which di | rector have interest | | |
| *Registratio | n number | | | |
| *Name | | | 8 | |
| *Address | | | | |
| Addioss | | | | |
| | | | | |
| Nature of | *Designation | | | |
| | 1 | | | |
| interest | Percentage of | Shareholding | Amou | nt |
| interest | | Shareholding [| Amou | nt |
| interest | Percentage of Others (speci | | Amou | nt |
| 10 m | Others (speci | fy) | Amou | nt |
| rticulars of dire | Others (special | fy) [] i first subscribers) | Amou | nt |
| rticulars of dire | Others (speci | fy) [] i first subscribers) | Amou | nt Pre-Fill |
| rticulars of dire | Others (special | fy) [] i first subscribers) | Amou | |
| rticulars of dire *Director Ide *Name | Others (special | fy) i first subscribers) per (DIN) | | |
| *Director Ide *Name *Gender | Others (special control of the contr | fy) [] i first subscribers) | | Pre-Fill *Nationality |
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| interest Percentage of Shareholding Amount |
|--|
| Others (specify) |
| |
| *First Name |
| Middle Name |
| *Surname |
| *Father's first name |
| Father's middle name |
| *Father's surname |
| *Gender *Date of Birth *Nationality |
| *Place of Birth |
| *Whether citizen of India o Yes o No *Whether resident in India o Yes o No |
| *Occupation type o Self Employed o Professional o Homemaker o Student o Serviceman |
| *Area of Occupation |
| If 'Others' selected, please specify |
| *Educational Qualification |
| * □ PAN □ Passport number |
| *Designation *Category |
| Whether Chairman Executive director Non-executive director |
| *Name of the company or institution whose nominee the appointee is |
| |
| *email ID |
| Permanent Address |
| *Line I |
| Line II |
| *City * State/ Union Territory *Pin code |
| State/ Official Territory |
| |
| *Phone (with STD/ISD code) |
| Whether present residential address same as permanent residential address o Yes o No |
| Present address |
| *Line I |
| Line II |

| **Residential Proof **Proof of identity and proof of address under attachments. **Number of entities in which director have interest **Registration number **Name **Address Nature of **Designation interest Percentage of Shareholding Amount Others (specify) **Def Nomination 1.5* **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 de nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule Director identification number(DIN) **First Name Director identification number(DIN) **Frest Name Director identification number(DIN) **Frest Name Middle Name Pro-Fill **Proof of identity and proof of address under attachments. **Nomination Interest | *State/ Union 7 | Territory *Pin code |
|---|----------------------------|--|
| *Duration of stay at present address | *ISO Country | code Country |
| *Duration of stay at present address | *Phone (with S | TD/ISD code) - |
| If Duration of stay at present address is less than one year then address of previous residence "Proof of identity | | |
| 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 *Designation interest Percentage of Shareholding Amount Others (specify) DPC Nomination 1 * 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 denominee is eligible for nomination within the meaning of Rule 3 of the Companics (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | If Duration of stay | at present address is less than one year then address of previous residence |
| 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 *Designation interest Percentage of Shareholding Amount Others (specify) DPC Nomination 1 * 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 denominee is eligible for nomination within the meaning of Rule 3 of the Companics (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | | |
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| 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 *Designation interest Percentage of Shareholding Amount Others (specify) Others (specify) DPC Nomination 1 * 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 de nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | 750 | |
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| Nature of *Designation Amount Others (specify) Percentage of Shareholding Amount Others (specify) The subscriber to the memorandum of association of Others (specify) Who shall become the member of the company in the event of my death or incapacity to contract. I denomine is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Others (Incorporation) Pre-Fill *First Name Middle Name Pre-Fill | *Name | |
| Others (specify) Others (specify) Per Nomination (a) *Nomination 1 * 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 de nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | *Address | |
| Others (specify) Others (specify) Per Nomination (a) *Nomination 1 * 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 de nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | | |
| Others (specify) Others (specify) Per Nomination (a) *Nomination 1 * 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 de nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | | |
| Others (specify) Others (specify) Others (specify) Others (specify) Others (specify) PPC Nomination I * | Nature of | *Designation |
| DPC Nomination (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 denomine is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | interest | Percentage of Shareholding Amount |
| (a) *Nomination I * | | Others (specify) |
| who shall become the member of the company in the event of my death or incapacity to contract. I de nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | a) *Nomination | removed up of association of |
| who shall become the member of the company in the event of my death or incapacity to contract. I denominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | he subscriber to the in | emorandum or association of |
| who shall become the member of the company in the event of my death or incapacity to contract. I denominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rule (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | lo hereby nominate * | |
| (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | | |
| (b) *Particulars of the Nominee Director Identification number(DIN) *First Name Middle Name | who shall become the | member of the company in the event of my death or incapacity to contract. I decl |
| Director Identification number(DIN) *First Name Middle Name | nominee is eligible for | nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules, |
| Director Identification number(DIN) *First Name Middle Name | (b) *Particulars of th | ne Nominee |
| *First Name Middle Name | Director Identification nu | 1 (BNS) |
| Middle Name | | Tre-till |
| | | |
| *Surname | *Surname | |
| 1 E MANIPOL of A STATE A STATE OF THE STATE | "Father's First Name | |

| Gender | Father's Middle Name *Father's Surname | | | | |
|--|--|--|----------------------------|-------------|--|
| Income- tax PAN Adhaar number Place of Birth (District & State) Occupation type Area of Occupation Educational qualification Permanent Address Line I Line II City State (Union Territory Phone (With STD/ISD code) Mobile Fax Penail id Whether present address is same as the permanent address Pes No Present Address Line I City State Union Territory State Union Territory State Union Territory Phone (With STD/ISD code) Mobile State Union Territory | | "Date of Birth | | Nationality | |
| Aadhaar number Place of Birth (District & State) **Occupation type **Area of Occupation Permanent Address **Line I Line II Line II Line II **City **Phone (With STD/ISD code) Mobile Fax **email id **Whether present address is same as the permanent address | | | 7 Varify Datails | _ | |
| Place of Birth (District & State) **Occupation type** Area of Occupation **Educational qualification Permanent Address **Line I Line II **City **Pin code **So Country code Country **Phone (With STD/ISD code) Mobile Fax **email id **Whether present address is same as the permanent address | | | Verily Details | | |
| "Occupation type "Area of Occupation "Educational qualification Permanent Address "Line I Line II "City "State /Union Territory "Pin code "Pin code "Sto Country "Phone (With STD/ISD code) Mobile "Area of Occupation "Whether present address is same as the permanent address of Pes on No Present Address "Line I Line II "City "State/Union Territory "ISO Country "State/Union Territory "ISO Country "State/Union Territory "ISO Country ode Country "State/Union Territory "ISO Country ode Country "State/Union Territory "ISO Country ode Country "Draution of stay at present address is less than one year then address of previous residence | | ate) | | | |
| *Area of Occupation *Educational qualification Permanent Address *Line 1 Line II *State /Union Territory | | | | | |
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| "Phone (With STD/ISD code) Mobile Fax "email id "Whether present address is same as the permanent address | | | -rin code | | |
| *Phone (With STD/ISD code) Mobile Fax *email id *Whether present address is same as the permanent address | | | | | |
| Mobile Fax *email id *Whether present address is same as the permanent address | | | | | |
| *email id *Whether present address is same as the permanent address | | (1) | | | |
| *email id *Whether present address is same as the permanent address | | | | | |
| *Whether present address is same as the permanent address | | | | | |
| Present Address *Line I Line II *City *State/Union Territory *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 | | | - Vas No | | |
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| *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 | | | = | | |
| If Duration of stay at present address is less than one year then address of previous residence | | SECURIOR SEC | | | |
| | *Duration of stay at present | | | esidence | |
| *Proof of identity *Residential Proof | If Duration of stay at presen | t address is less than one year | men address of previous re | 23Idelice | |
| *Proof of identity *Residential Proof | | | | | |
| *Proof of identity | AR THE RAY STATE | *Pagir | tential Proof | | |
| | *Proof of identity | Resid | Jointal Froot | | |
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| (a) State or Union territory | in respect of which s | stamp | | | | Pre-Fill |
|---|---------------------------|-------------------|----------|-------------------------|---------|-------------------|
| duty is paid or to be paid (b) "Whether stamp duty is | d to be baid electroni | cally through MCA | 1 system | (") Yes | () No | ○ Not applicable |
| | | cary unough more | | | | |
| (i) Details of stamp duty Type of document | | Form | | morandum of | Article | es of association |
| Particulars | , | 10111 | | association | | |
| Amount of stamp duty to be | paid (in Rs.) | | | | | |
| (ii) Provide details of st | tamp duty already p | aid | | | | |
| Type of document/ Particulars | Form | Memora assoc | | Articles of association | | Others |
| Total amount of stamp duty paid (in Rs.) | | | | | | |
| Mode of payment of stamp outy | | | | | | |
| Name of vendor or Treasury or Authority orany other competent agency authorised to obliect stamp duty or to sell stamp papers on to emboss the documents or to dispense stamp youghers on behalf of the Government | | | | | | |
| Serial number of embossing or stamps or stamp paper or treasury challan number | | | | | | |
| Registration number of vendor | | | | | | |
| Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MMYYYYY) | | | | | | |
| Place of purchase of stamps or stamp paper or payment of stamp duty | | | | | | |

VII. PAN/ TAN Information

11. *Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)

| Information | specific to | PAN |
|-------------|-------------|-----|
|-------------|-------------|-----|

| Area code AO type Range code AO F |
|-----------------------------------|
| |

Information specific to TAN

| Area code | AO type | Range code | AO No |
|-----------|---------|------------|-------|
| 7 | | | |

| Source | of | Income |
|--------|----|--------|

- □ Income from Business/profession □ Capital Gains
- □ Income from house property

Attach

- □ Income from other source
- □ No Income

Business/Profession code

| 10 | |
|----|--|
| | |
| | |

VII. Attachments

Attachments

- "Memorandum of association;
- *Articles of Association;
- 3. Declaration by first subscriber(s) and director(s) (Affidavit is not required to be attached);
- 4. Proof of Office address (Conveyance/ Lease deed/Rent Agreement along with rent receipts);
- 5. Copy of the utility bills (not older than two months);
- 6. Copy of certificate of incorporation of the foreign body corporate and resolution passed by foreign company or authority given through constitutional document;
- Resolution passed by promoter company;
- 8. Interest of first director(s) in other entities;
- Consent of Nominee (INC-3);
- 10. Proof of identity & residential address of subscribers;
- 11. Proof of identity & residential address of nominee;
- 12. Proof of identity and address of Applicant I;
- 13. Proof of identity and address of Applicant II;
- 14. Proof of identity and address of Applicant III;
- 15. Resolution of unregistered companies in case of Chapter XXI (Part I) companies
- 16. Declaration in Form No. INC-14
- 17. Declaration in Form No. INC-15
- 18. Optional attachment(s), (if any)
- 19. Attachment Part A

List of attachments

| | VIII. 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 |
| | 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. |
| | * , |
| | 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. |
| D | 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 IX. Declaration and Certification by Professional **Declaration and Certification by Professional** 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; the draft memorandum and articles of association have been drawn up in conformity with the provisions of (i) sections 4 and 5 and rules made thereunder; and all the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the (ii) 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; I have opened all the attachments to this form and have verified these to be as per requirements, complete and (iii) I further declare that I have personally visited the premises of the proposed registered office given in the form (iv) 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). It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong (v) certification, if any found at any stage. Cost accountant (in whole-time practice) or Chartered accountant (in whole-time practice) or Company secretary (in whole-time practice) *Whether associate or fellow Associate Fellow * Membership number Certificate of practice number "Income-tax PAN Prescrutiny Check Form

| eForm filing date | (DD/MM/YYYY) |
|-------------------|-------------------------------|
| | |
| | |
| Continusibmission | |
| (DD/MM/YYYY) | |
| | Contra submasion (DD/MM/YYYY) |

FORM NO. INC-35

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

AGILE-PRO

(Application for Goods and services tax Identification number, employees state Insurance corporation registration pLus Employees provident fund organization registration, Profession tax Registration and Opening of bank account)

| *Name of the company | | | |
|--|---|---|------|
| * Do you want to apply for GS | STIN | O Yes | O No |
| * State (Same as entered in S | SPICe+) | | |
| * District (Same as entered in | SPICe+) | | |
| * State Jurisdiction | | | |
| * Sector / Circle / Ward /Char | rge / Unit | | |
| * Center Jurisdiction | | | |
| Commissionerate | | | |
| Division | | | |
| Range | | | |
| * Reason to Obtain Registrat | tion | Voluntary | , |
| *Whether The Establishment | t On Lease O Yes | ⊙ No | |
| | CONTEGUE O 100 | To Date | |
| * Leased From Date | | | |
| | n of premises | | |
| (a). * Nature of possession | | | |
| (a). * Nature of possession (b) * Proof of Principal Place | e of Business | is owned or hired | |
| (a). * Nature of possession (b) * Proof of Principal Place (c) * Whether the building/pr | e of Business remises of Establishment | | |
| (a). * Nature of possession(b) * Proof of Principal Place(c) * Whether the building/pr | e of Business remises of Establishment | is owned or hired. ownership, please indicate | |

| I hereby declare that a | | aid business shall abide by the condi er the composition levy. | tions | and restrictions specified | d in the Act or |
|---|-------------------------|--|-------|--------------------------------|-----------------|
| b) Category of Registe Manufacturer of non- Supplier of food and | notifie | ed goods | | | |
| Any other eligible sup | oplier | being carried out at above mentione | d Pre | mises (Please tick applic | cable) |
| Factory / | | Wholesale Business | | Retail Business | |
| Manufacturing Warehouse/Depot | | Bonded Warehouse | | Supplier of services | |
| Office/Sale Office | D | Leasing Business | | Recipient of goods or services | |
| EOU/ STP/ EHTP | D. | Works Contract | | Export | |
| Import | | Others (specify), If others, please specify | | | |
| (A). * Primary Business Act *If Others selected, ple (B) * Exact nature of work / * Work Sub-categor * Nature of work bus | ease s busir | ness | | | |
| 10. *Details of the Goods s HSN Code (Four digit) Description of Goods 11. *Details of Services su | | | | Prefill | |
| Service Accounting Co | ode | | | Pre-fill | |
| Description of Service | Description of Services | | | | |
| Details (Minimum number of c | directo y and | ors to be entered for OPC shall be 1, 5 in case of Producer Company) o be entered | | | |
| (A) *Enter Director details | s who | is also an Authorised Signatory / Prir | mary | Owner / Office Bearer | |

| *DIN | | | | Pre-fill | Photograph |
|--|-----------|--------------|---------------|---|--|
| | | | | | |
| *PAN | | | | | |
| *First Name Middle Name | | | | L | |
| *Last Name | | | | Attach Photograp | Remove Photograph |
| | | | | tach a latest pass clicking the abov | port size photograph re box |
| *Personal Mobile Number | +91 | | | Send OTP | |
| *Personal Email Id | | | | Jena OTP | |
| *Enter OTP for Mobile Number | | | | Verify OTE | |
| *Enter OTP for Email Id | | | | Verify OTF | |
| * O Directors Identification Numb national *DIN *PAN / Passport Number | er O Perm | nanent Accou | ry Owner / Of | Pre-fill | Photograph |
| national *DIN | er O Perm | nanent Accou | | Pre-fill At | |
| national *DIN *PAN / Passport Number *First Name Middle Name *Last Name | er O Perm | nanent Accou | | Pre-fill Atta | Photograph tach Remove |
| national *DIN *PAN / Passport Number *First Name Middle Name *Last Name *Personal Mobile Number *Personal Email ID | er O Perm | nanent Accou | | Pre-fill Atta | Photograph tach Remove Photograph ch a latest passport siz tograph by clicking the |
| national *DIN *PAN / Passport Number *First Name Middle Name *Last Name *Personal Mobile Number *Personal Email ID 3. * Police Station 4. * Employer's Particulars | | nanent Accou | | Pre-fill Atta | Photograph tach Remove Photograph ch a latest passport siz tograph by clicking the |
| national *DIN *PAN / Passport Number *First Name Middle Name *Last Name *Personal Mobile Number *Personal Email ID 3. * Police Station 4. * Employer's Particulars * Select Appropriate Branch | | nanent Accou | | Pre-fill Atta | Photograph tach Remove Photograph ch a latest passport siz tograph by clicking the |
| national *DIN *PAN / Passport Number *First Name Middle Name *Last Name *Personal Mobile Number *Personal Email ID 3. * Police Station 4. * Employer's Particulars | | nanent Accou | | Pre-fill Atta | Photograph tach Remove Photograph ch a latest passport siz tograph by clicking the |
| national *DIN *PAN / Passport Number *First Name Middle Name *Last Name *Personal Mobile Number *Personal Email ID 3. * Police Station 4. * Employer's Particulars * Select Appropriate Branch | | nanent Accou | | Pre-fill Atta | Photograph tach Remove Photograph ch a latest passport siz tograph by clicking the |

| Attachments | | List of Attachments |
|--|--|---|
| | Attach | |
| Proof of Principal place of business 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) | | |
| Proof of Identity of Authorized Signatory for opening Bank Account | Attach | |
| 4. *Proof of Address of Authorized Signatory for opening | Attach | Remove attachment |
| Bank Account 5. *Specimen Signature of Authorized Signatory for EPFO | Attach | |
| GST Declaration (By Autho | rized Signatory) | |
| I hereby solemnly affirm and declare that the information give my knowledge and belief and nothing has been concealed there | n herein above is t from. | rue and correct to the best of |
| *ESIC Declaration (By Offi | ce Bearer) | |
| ☐ I hereby declare that the statement given above is correct undertake to intimate changes if any, promptly to the Regional soon as such change takes place. | to the best of my Office/Sub Region | knowledge and belief. I also al Office, ESI Corporation as |
| Profession Tax Declar The above information is true to the best of knowledge and b | | |
| *EPFO Declaration (By Pringle I hereby solemnly affirm and declare that the information given my knowledge and belief and nothing has been concealed them. | en herein above is | true and correct to the best of |
| *Bank Declaration (By Autho | rized Signatory) | |
| ☐ I hereby solemnly affirm and declare that the information give my knowledge and belief and nothing has been concealed ther I authorize | ←111 (3)(1) | |
| opening of bank account. I understand that the bank account number generated through banks. | | |
| l/we undertake to complete all documentary requirements as p account. | er dank KYC norm | is before activation of the |
| Place | | |
| Date | | |
| Designation | | |
| | | |

| *To be | digitally signed | by director (v | who has signed the | SPICe+ form) | | |
|----------|------------------|---|------------------------|----------------------|----------------------------|-------|
| | DIN/PAN | | | DSC BOX | | - 1 |
| 100 | | | | | | |
| (Authori | ized Signatory / | Primary Owne | r / Office Bearer sign | ing the AGILE-PRO fo | orm shall provide his Perm | anent |
| 1,1924 | t Number) | (1) 1 - 1 (1) 1 - 1 (1) | | | | - 1 |
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| | Wests | | Check Form | Prescrutiny | Submit | |
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(ii) for form No.INC-9, the following form shall be substituted, namely:-

[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:

| \circ | New Reques | st | 0 | Resubmiss | sion |
|---------|---------------|---|-------------------|---|---|
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| | 165 4911 | Total No. 12 Page | | | Pre-fill |
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| | Choose File | No file chosen | | | |
| Once | e you have su | and, if found feasi | ble, approved by | the Central | nge of name of company it will Registration Centre (CRC). You will e reservation request. |
| | | | | | Submit |

- (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, Joint Secretary

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.
