FORM NO.INC-2

[Pursuant to section 3(1) and 7(1) of the Companies Act, 2013 and Rule 4, 10, 12 and 15 of the Companies Rules, 2014]



One Person Company- Application for Incorporation

○ Hindi Form language English Refer the instruction kit for filing the form. 1. *Service Request Number (SRN) of Form INC-1 Pre-Fill 2. (a) Name of the company (b) Type of Company is (c) Class of Company (d) Category (e) Sub category *(f) Whether the company is Having share capital Not having share capital 3. (a) Name of the state/Union Territory in which the company is to be registered (b) Name of the office of the Registrar of Companies in which the company is to be registered 4. *Whether the address for correspondence will be the address of Registered office of the Company () Yes \bigcirc No I Address for correspondence till the date registered office of the company is established *Line I Line II *City *State/Union Territory *Pin code *District ISO Country code Country *Phone (with STD/ISD code) Fax *email id of the company II (a) The address of the registered office of the company from the date of incorporation is *Line I Line II *City *State/Union Territory *Pin code *District ISO Country code Country *Phone (with STD/ISD code) Fax *email id of the company

Taken	I by the company Owned by the director (not taken on lease by company) on lease by company Owned by any other entity/person (Not taken on lease by company) address of police station under whose jurisdiction the registered office of the company is situated
*Police stati	<u></u>
*Address	
Address	Line I
	Line II
*City	
*State	
*Pin code	
	ars of the Utility Services Bill depicting the address of stered office (not older than two months)
_	ture of the company, in case of company having share capital
	zed capital of the company (in Rs.)
(I) Numbe	er of equity shares
(ii) Numbe	er of preference shares
(h) O. hi	had assistant the assumption (in Da.)
(b) Subscrii	bed capital of the company (in Rs.)
(i) Numbe	er of equity shares
(ii) Numbe	er of preference shares
Main division	of industrial activity of the company
Description o	of the main division
	of Promoter (first subscriber to the MoA)
	promoter shall be the sole director of the company No No Pre-Fill
Income-tax p	permanent account number (PAN) Verify Detail
First Name	
Middle Name	e
Surname	
	e
Family Name	
Family Name	Name Mother's Name Spouse's Name

*Nationality				* Date o	Birth				(DD/MM/YYYY)
* Place of birtl	h (Distric	ct and Sta	ate)						
*Educational	Qualifica	ation							
*Occupation	type	◯Self-	-employed	○ Professiona	O+	Home	maker	Studen	t Serviceman
Permanent R	Residen	tial Addr	ess						
*Line I									
Line II									
*City									
*State/ Union ⁻	Territory	,			*F	Pin co	de		
ISO Country	code								
Country									
*Phone (with \$	STD/ISD	code)]- [
Mobile (with o	country o	code)			<u>-</u>				
Fax									
*email id									
*Whether pres		ress is sa	ame as the p	permanent address			0	Yes	No
*Line I	1633								
Line II									
*City									
*State/ Union	Territor	v [*Pin	code		
*ISO Country		,							
Country		L							
*Phone (with	STD/ISI	O code)			-				
Mobile (with	country	code)			-				
Fax		L							
email id									
*Duration of s	 stay at th	ne presen	nt address		yea	r(s)			month(s)
			L	ess than one year the		L	orevious	residence	()
*Proof of ider	ntity								
*Residential	proof								
				/(s), specify details o				case director	or promoter in
Director	ree com	Promote		ate sheet as an optio	nai allaci	imeni	1)		
Name of the	compan	у				_	_		
Director		Promote	er						
Name of the	nomne:								
Name of the	company	У							

Director F	Promoter
Name of the company	
	Pre-fill all
8. *(a) Nomination	
	, the subscriber to the memorandum of association of
do hereby nominate	who shall become the member of the company
in the event of my dear	th or incapacity to contract. I declare that the nominee is eligible for nomination within the meani
of Rule 3 of the Compa	anies Rules, 2013.
(b) Particulars of the	e Nominee
Director Identification	number (DIN)
*Income-tax permanen	t account number (PAN) Verify Details
*First Name	
Middle Name	
*Surname	
Family Name	
* Father's Name	
*Gender	
*Nationality	*Date of Birth (DD/MM/YYYY)
*Place of birth (District	and State)
Place of biltin (District	and State)
*Educational Qualificati	ion
*Occupation type	Self-employed Professional Homemaker Student Serviceman
Permanent Residenti	al Address
*Line I	
Line II	
Line ii	
* City	
*State/ Union Territory	*Pin code
ISO Country code	
Country	
*Phone (with STD/ISD	code) -
Thone (with 510/100	Code)
Mobile (with country co	ode) -
Fax	
*email id	
*Whether present addre	ess is same as the permanent address
Present Address	
*Line I	

Line	II						
*City							
*State	e/ Union Territ	ory			*Pin co	ode	
*ISO	Country code						
Coun	try						
* Phon	e (with STD/IS	SD code)		-			
Mobi	e (with countr	y code)		-			
Fax							
emai	id						
*Dura	tion of stay at	the present a	ddress		year(s)		month(s)
If Du	ration of stay a	at present add	ress is less than one	e year then a	address of p	revious resid	dence
*Proo	f of identity						
*Resid	dential proof						
(if yes,	entrenched Ar		ed or not be annexed thereto) ions of entrenchmer	◯ Ye		○ No)
(b) Hambe		o milion provid		n onan bo ap			
Details of	Articles to whi	ich provisions	of entrenchment sh	all be applica	able		
Sr. No.	Article Number	Comon					
10. Porticular	es of navmont	of stamp duty	(Pofor instruction ki	t for dotails k	noforo filling	the particul	ore)
10. Particulars of payment of stamp duty (Refer instruction kit for details before filling the particulars) (a) State or Union territory in respect of which stamp duty is paid or to be paid							
-	-	-	electronically through	gh MCA21 sy	ystem	Yes 🔘	No O Not applicable
(i) Details	of stamp duty	y to be paid					
	of documen Particulars	t/	Form INC-2		Memoran associa		Articles of association
Amount of star	np duty to be p	paid (in Rs.)	0.00	0.0	00		0.00

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form INC-2	Memorandum of association	Articles of association	Others
Total amount of stamp duty paid (in Rs.)				
Mode of payment of stamp duty				
Name of vendor or Treasury or Authority orany 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				
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/MM/YYYY)				
Place of purchase of stamps or stamp paper or payment of stamp duty				

Attachments

(not older than two months)

Attaoninonto		
1. * Memorandum of Association	Attach	List of attachments
2. * Articles of association	Attach	
3. * Proof of identity of the member and the nominee	Attach	
4. * Residential proof of the member and the nominee	Attach	
5. * Copy of PAN card of member and nominee	Attach	
6. * Consent of Nominee in form INC-3	Attach	
7. * Affidavit from the subscriber and first directors to the memorandum in Form No. INC-9	Attach	
8. List of all the companies (specifying their CIN) having the same registered office address, if any	Attach	
9. Specimen Signature (Form INC-10)	Attach	Remove attachment
10. Entrenched Articles of association	Attach	
 Proof of Registered Office address (Conveyance/ Lease deed/Rent Agreement etc. along with rent receipts) 	Attach	
12. Copies of the utility bills as mentioned above	Attach	

Attach

15. Optional attachment, if any	Attach
Decla	ration
l, *	
a person named in the articles as a *	declare that all the requirements of the
Companies Act, 2013 and the rules made thereunder in respe	ct to the 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.
It is further declared and verified that	
1. Whatever is stated in this form and in the attachmen	ts thereto is true, correct and complete and no information
material to the subject matter of this form has been s	suppressed or concealed and is as per the original records
maintained by the promoters subscribing to the Mem	norandum of Association and Articles of Association.
2. All the required attachments have been completely,	correctly and legibly attached to this form.
*To be digitally signed by	
*	
* DIN of the director or DIN or Income tax PAN of	
the manager or Membership number of the company secreta	ary
Note: Attention is drawn to provisions of Section 7(5) and	7(6) which inter-alia provides that furnishing
of any false or incorrect particulars of any information or attract punishment for fraud under section 447. Attention and 449 which provide for punishment for false statement respectively.	suppression of any material information shall is also drawn to provisions of sections 448
Modify Check Form	Prescrutiny Submit

Attach

13. Proof that the Company is permitted to use the address as the registered office of the Company if the same is owned by any other entity/Person (not taken on lease by company)

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	Confirm submission
Date of signing	(DD/MM/YYYY)