

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

Form language ☒ English ☐ Hindi

Refer the instruction kit for filing the form.

1. *Service Request Number (SRN) of Form INC-1

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 ☐ No

I Address for correspondence till the date registered office of the company is established

*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"/>		
ISO Country code	<input type="text"/>		
Country	<input type="text"/>		
*Phone (with STD/ISD code)	<input type="text"/>	-	<input type="text"/>
Fax	<input type="text"/>		
*email id of the company	<input type="text"/>		

II (a) The address of the registered office of the company from the date of incorporation is

*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"/>		
ISO Country code	<input type="text"/>		
Country	<input type="text"/>		
*Phone (with STD/ISD code)	<input type="text"/>	-	<input type="text"/>
Fax	<input type="text"/>		
*email id of the company	<input type="text"/>		

(b). *The registered office is

- ☐ Owned by the company ☐ Owned by the director (not taken on lease by company)
☐ Taken on lease by company ☐ Owned by any other entity/person (Not taken on lease by company)

(c). The full address of police station under whose jurisdiction the registered office of the company is situated

*Police station name	<input type="text"/>
*Address	Line I <input type="text"/>
	Line II <input type="text"/>
*City	<input type="text"/>
*State	<input type="text"/>
*Pin code	<input type="text"/>

(d). *Particulars of the Utility Services Bill depicting the address of the registered office (not older than two months)

5. *Capital structure of the company, in case of company having share capital

(a) Authorized capital of the company (in Rs.)	<input type="text"/>
(i) Number of equity shares	<input type="text"/>
(ii) Number of preference shares	<input type="text"/>
(b) Subscribed capital of the company (in Rs.)	<input type="text"/>
(i) Number of equity shares	<input type="text"/>
(ii) Number of preference shares	<input type="text"/>

6. *Main division of industrial activity of the company

Description of the main division

7. Particulars of Promoter (first subscriber to the MoA)

*Whether the promoter shall be the sole director of the company

☐ Yes

☐ No

Director Identification number (DIN)

Pre-Fill

*Income-tax permanent account number (PAN)

Verify Details

*First Name

Middle Name

*Surname

Family Name

* ☐ Father's Name

☐ Mother's Name

☐ Spouse's Name

*Gender

☐ Male

☐ Female

☐ Transgender

* Nationality * Date of Birth (DD/MM/YYYY)

* Place of birth (District and State)

* Educational Qualification

* Occupation type ☐ Self-employed ☐ Professional ☐ Homemaker ☐ Student ☐ Serviceman

Permanent Residential Address

* Line I

Line II

* City

* State/ Union Territory * Pin code

ISO Country code

Country

* Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

* email id

* Whether present address is same as the permanent address ☐ Yes ☐ No

Present Address

* Line I

Line II

* City

* State/ Union Territory * Pin code

* ISO Country code

Country

* Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

email id

* Duration of stay at the present address year(s) month(s)

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

* Proof of identity

* Residential proof

If already a director/promoter of a company(s), specify details of such company(s) (In case director or promoter in more than three companies, attach separate sheet as an optional attachment)

Director Promoter

☐
☐

Name of the company

Director Promoter

☐
☐

Name of the company

Director Promoter

☐☐

Name of the company

Pre-fill all

8. *(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 Rules, 2013.

(b) Particulars of the Nominee

Director Identification number (DIN)

Pre-Fill

*Income-tax permanent account number (PAN)

Verify Details

*First Name

Middle Name

*Surname

Family Name

* ☐ Father's Name ☐ Mother's Name ☐ Spouse's Name

*Gender ☐ Male ☐ Female ☐ Transgender

*Nationality

*Date of Birth

(DD/MM/YYYY)

*Place of birth (District and State)

*Educational Qualification

*Occupation type ☐ Self-employed ☐ Professional ☐ Homemaker ☐ Student ☐ Serviceman

Permanent Residential Address

*Line I

Line II

*City

*State/ Union Territory

*Pin code

ISO Country code

Country

*Phone (with STD/ISD code)

-

Mobile (with country code)

-

Fax

*email id

*Whether present address is same as the permanent address ☐ Yes ☐ No

Present Address

*Line I

Line II

* City

* State/ Union Territory * Pin code

* ISO Country code

Country

* Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

email id

* Duration of stay at the present address year(s) month(s)

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

* Proof of identity

* Residential proof

9. (a) * Whether the Articles are entrenched or not
(if yes, entrenched Articles should be annexed thereto) ☐ Yes ☐ No

(b) Number of Articles to which provisions of entrenchment shall be applicable

Details of Articles to which provisions of entrenchment shall be applicable

Sr. No.	Article Number	Content
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

(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 INC-2	Memorandum of association	Articles of association
Amount of stamp duty to be paid (in Rs.)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

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)

Attach

15. Optional attachment, if any

Attach

Declaration

I, *
a person named in the articles as a * declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect 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 attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the promoters subscribing to the Memorandum 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 secretary

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 suppression of any material information shall attract punishment for fraud under section 447. Attention is also drawn to provisions of sections 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.

Modify

Check Form

Prescrutiny

Submit

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)