

FORM NO. 1

Application and declaration for incorporation of a company

[Pursuant to sections 33(1) and (2) of the Companies Act, 1956]

Form Language English हिन्दी

Note - All fields marked in * are to be mandatorily filled.

1. * Indicate Registrar of Companies (RoC) reference number for name approval (Service request number (SRN) of Form 1A)
- 2.(a) Name of the company
- (b) *Type of the company New company (others) Section 25 company Part IX company Producer (Part IXA) company
- (c) Whether the company is public or private Public Private
- (d) *Category (e) *Sub-category
- (f) Section 25 licence number
- (g) * Whether the company is Having share capital Not having share capital
3. Name of the state in which the company is to be registered
4. Name of office of the Registrar of Companies in which the company is to be registered
5. Capital structure of the company, in case of company having share capital
- (a) Authorised capital of the company (in Rs.)
- Break up of Authorised capital
- | | | | |
|-------------------------------------|----------------------|--|----------------------|
| Number of equity shares | <input type="text"/> | Total amount of equity shares (in Rs.) | <input type="text"/> |
| Nominal amount per equity share | <input type="text"/> | | |
| Number of preference shares | <input type="text"/> | Total amount of preference shares (in Rs.) | <input type="text"/> |
| Nominal amount per preference share | <input type="text"/> | | |
- (b) Subscribed capital of the company (in Rs.)
- Break up of Subscribed capital
- | | | | |
|-------------------------------------|----------------------|--|----------------------|
| Number of equity shares | <input type="text"/> | Total amount of equity shares (in Rs.) | <input type="text"/> |
| Nominal amount per equity share | <input type="text"/> | | |
| Number of preference shares | <input type="text"/> | Total amount of preference shares (in Rs.) | <input type="text"/> |
| Nominal amount per preference share | <input type="text"/> | | |
6. Details of number of members, in case of company not having share capital
- (a) Enter the maximum number of members
- (b) Maximum number of members excluding proposed employee(s)
7. * Main division of industrial activity of the company
- Description of the main division
8. * Enter the number of promoters (first subscribers to the Memorandum of association (MoA))

Particulars of Promoters (first subscribers to the MoA)

* Category

* Director Identification number (DIN) or Income-tax permanent account number (Income-tax PAN) or passport number or corporate identity number (CIN) or foreign company registration number (FCRN) or any other registration number

* Name

Father's name Husband's name

Nationality Date of birth (DD/MM/YYYY)

Occupation

Voter identity card number

Others (specify)

* Permanent address Line I

Line II

* City

* State * Pin code

* ISO country code

Country

Phone Fax

e-mail ID

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

* Present address Line I

Line II

* City

* State * Pin code

* ISO country code

Country

Phone Fax

Number of shares subscribed Total amount of shares subscribed (in Rs.)

If already a director or 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	CIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Name of the company

Director	Promoter	CIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Name of the company

Director	Promoter	CIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Name of the company

Whether the subscriber has been convicted by any court for any offence involving moral turpitude or economic or criminal offences or for any offences in connection with the promotion, formation or management of a company. Yes No

If yes, provide details

9. 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 1	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 1	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				
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)	<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				

10. Memorandum of association and Articles of association are submitted herewith.

Attachments

1. * Memorandum of association
2. * Articles of association
3. Annexure containing details of subscribers
4. No objection certificate in case there is change in promoters (first subscribers to the MoA)
5. Optional attachment(s) - if any

List of attachments

Declaration

* I,

Son Daughter Wife of *

do solemnly declare as under:

(i) *That I am

- An advocate of the supreme court or a high court who is engaged in the formation of the company.
- An attorney or pleader entitled to appear before a high court who is engaged in the formation of the company.
- A company secretary (in whole-time practice) in India who is engaged in the formation of the company.
- A chartered accountant (in whole-time practice) in India who is engaged in the formation of the company.
- A person named in the articles as a director, manager or secretary of the company.

(ii) And I, further declare that the particulars given above are true to the best of my knowledge and belief;

(iii) Form 18 and 32 are also being filed simultaneously;

(iv) I further confirm that I am duly authorised to submit this application; and that all the particulars mentioned above are as provided in the articles of association as subscribed by the subscribers of the company,

(v) That all the requirements of the Companies Act, 1956 and rules there under in respect of all the matters precedent in the registration of the company and incidental thereto have been complied with and I make this solemn declaration conscientiously believing the same to be true;

(vi) That the company has paid correct stamp duty as per applicable Stamp Act.

(vii) That the subscribers have given declaration of details of his/ her conviction by any court for any offence involving moral turpitude or economic or criminal offences or for any offences in connection with the promotion, formation or management of a company;

(viii) That the subscribers have given declaration that he/ she has not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court.

To be digitally signed by

A person named in the articles as director or manager or secretary of the company

Designation

DIN of the director; or

Income-tax PAN of the manager; or

Membership number, if applicable or income-tax PAN of the secretary

(secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

or

An advocate or attorney or pleader or company secretary or chartered accountant (in whole-time practice)

Income-tax PAN of the advocate or attorney or pleader

In case of a company secretary or chartered accountant (in whole-time practice), mention

Whether associate or fellow

Associate

Fellow

Membership number or certificate of practice number

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)