

FORM 1

Application and declaration for incorporation of a company

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

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

1(a) *Please specify the type of company

☐ New company ☐ Part IX company (Existing or joint stock company) ☐ Producer company

(b). * Indicate Registrar of Companies (RoC) reference number for name approval

(c). Name of the company

(d) *State whether the company is public or private

☐

Public

☐

Private

2(a)(i). *Category (select whichever is applicable)

(ii). *Sub-category (select whichever is applicable)

(iii). If others, please specify

(b). Section 25 licence number

3. * Whether the company is

☐

Having share capital

☐

Not having share capital

4. Authorised capital of the company (in Rs.)

5. Break up of authorised capital

(a). Number of equity shares

(b). Face value per equity share

(in Rs.)

(c). Total amount of equity shares

(in Rs.)

(d). Number of preference shares

(e). Face value per preference share (in Rs.)

(f). Total amount of preference shares (in Rs.)

6. Enter the maximum number of members in case of a company limited by members

7(a)(i). *Whether promoted by an existing company ☐ Yes

☐

No

(ii). Corporate identity number (CIN) of promoter company

(iii). Name of promoter company

(iv). Name of the person signing on behalf of promoter company

(v). Designation of the person signing on behalf of promoter company

Details of proposed directors - Please file Form 32 giving all the details of the directors of the proposed company simultaneously

7 (b). *Enter the number of subscribers

Particulars of subscribers

(i).

*Name <input style="width: 80%;" type="text"/>		
* <input type="radio"/> Father's name <input type="radio"/> Husband's name <input style="width: 50%;" type="text"/>		
*Nationality <input style="width: 30%;" type="text"/>		
If already a director or promoter of a company(s), specify CIN of such company(s).		
Director	Promoter	CIN
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 200px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 200px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 200px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 200px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 200px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 200px;" type="text"/>
*Date of birth <input style="width: 100px;" type="text"/> (DD/MM/YYYY)		Income-tax permanent account number (PAN) <input style="width: 200px;" type="text"/>
*Occupation <input style="width: 500px;" type="text"/>		
Voter identity card number <input style="width: 150px;" type="text"/>	Passport number <input style="width: 150px;" type="text"/>	
Others (specify) <input style="width: 500px;" type="text"/>		
Permanent residential address		
*Address	Line I	<input style="width: 500px;" type="text"/>
	Line II	<input style="width: 500px;" type="text"/>
*City	<input style="width: 400px;" type="text"/>	
*State	<input style="width: 150px;" type="text"/>	*Pin code <input style="width: 100px;" type="text"/>
*Country	<input style="width: 200px;" type="text"/>	
Phone	<input style="width: 100px;" type="text"/>	Fax <input style="width: 100px;" type="text"/>
e-mail ID <input style="width: 500px;" type="text"/>		
Whether present residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No		
Present residential address		
*Address	Line I	<input style="width: 500px;" type="text"/>
	Line II	<input style="width: 500px;" type="text"/>
*City	<input style="width: 400px;" type="text"/>	
*State	<input style="width: 150px;" type="text"/>	*Pin code <input style="width: 100px;" type="text"/>
*Country	<input style="width: 200px;" type="text"/>	
Phone	<input style="width: 100px;" type="text"/>	Fax <input style="width: 100px;" type="text"/>

(ii).

*Name		<input type="text"/>	
* <input type="radio"/> Father's name <input type="radio"/> Husband's name		<input type="text"/>	
*Nationality		<input type="text"/>	
If already a director or promoter of a company(s), specify CIN of such company(s).			
Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
*Date of birth		<input type="text"/> (DD/MM/YYYY)	Income-tax PAN <input type="text"/>
*Occupation		<input type="text"/>	
Voter identity card number		<input type="text"/>	Passport number <input type="text"/>
Others (specify)		<input type="text"/>	
Permanent residential address			
*Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
*City	<input type="text"/>		
*State	<input type="text"/>	*Pin code	<input type="text"/>
*Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
e-mail ID	<input type="text"/>		
Whether present residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No			
Present residential address			
*Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
*City	<input type="text"/>		
*State	<input type="text"/>	*Pin code	<input type="text"/>
*Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>

(iii).

Name		<input type="text"/>	
<input type="radio"/>	Father's name	<input type="radio"/>	Husband's name <input type="text"/>
Nationality		<input type="text"/>	
If already a director or promoter of a company(s), specify CIN of such company(s).			
Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Date of birth		(DD/MM/YYYY)	Income-tax PAN <input type="text"/>
Occupation		<input type="text"/>	
Voter identity card number		Passport number	<input type="text"/>
Others (specify)		<input type="text"/>	
Permanent residential address			
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
e-mail ID	<input type="text"/>		
Whether present residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No			
Present residential address			
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>

(iv).

Name		<input type="text"/>	
<input type="radio"/> Father's name		<input type="radio"/> Husband's name	
Nationality		<input type="text"/>	
If already a director or promoter of a company(s), specify CIN of such company(s).			
Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Date of birth		(DD/MM/YYYY)	Income-tax PAN
<input type="text"/>		<input type="text"/>	<input type="text"/>
Occupation		<input type="text"/>	
Voter identity card number		Passport number	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Others (specify)		<input type="text"/>	
Permanent residential address			
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
e-mail ID		<input type="text"/>	
Whether present residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No			
Present residential address			
Address	Line	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>

(v).

Name				<input type="text"/>									
<input type="radio"/> Father's name				<input type="radio"/> Husband's name				<input type="text"/>					
Nationality				<input type="text"/>									
If already a director or promoter of a company(s), specify CIN of such company(s).													
Director		Promoter		CIN									
<input type="checkbox"/>		<input type="checkbox"/>				<input type="text"/>							
<input type="checkbox"/>		<input type="checkbox"/>				<input type="text"/>							
<input type="checkbox"/>		<input type="checkbox"/>				<input type="text"/>							
<input type="checkbox"/>		<input type="checkbox"/>				<input type="text"/>							
<input type="checkbox"/>		<input type="checkbox"/>				<input type="text"/>							
<input type="checkbox"/>		<input type="checkbox"/>				<input type="text"/>							
Date of birth				<input type="text"/>		(DD/MM/YYYY)		Income-tax PAN		<input type="text"/>			
Occupation				<input type="text"/>									
Voter identity card number				<input type="text"/>		Passport number		<input type="text"/>					
Others (specify)				<input type="text"/>									
Permanent residential address													
Address		Line I		<input type="text"/>									
		Line II		<input type="text"/>									
City		<input type="text"/>											
State		<input type="text"/>				Pin code		<input type="text"/>					
Country		<input type="text"/>											
Phone		<input type="text"/>				Fax		<input type="text"/>					
e-mail ID		<input type="text"/>											
Whether present residential address is same as the permanent residential address										<input type="radio"/> Yes		<input type="radio"/> No	
Present residential address													
Address		Line I		<input type="text"/>									
		Line II		<input type="text"/>									
City		<input type="text"/>											
State		<input type="text"/>				Pin code		<input type="text"/>					
Country		<input type="text"/>											
Phone		<input type="text"/>				Fax		<input type="text"/>					

(vi).

Name		<input type="text"/>	
<input type="radio"/> Father's name		<input type="radio"/> Husband's name	
Nationality		<input type="text"/>	
If already a director or promoter of a company(s), specify CIN of such company(s).			
Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Date of birth		(DD/MM/YYYY)	Income-tax PAN
<input type="text"/>		<input type="text"/>	<input type="text"/>
Occupation		<input type="text"/>	
Voter Identity card number		Passport number	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Others (specify)		<input type="text"/>	
Permanent residential address			
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
e-mail ID	<input type="text"/>		
Whether present residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No			
Present residential address			
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>

(vii).

Name				<input type="text"/>									
<input type="radio"/> Father's name				<input type="radio"/> Husband's name				<input type="text"/>					
Nationality				<input type="text"/>									
If already a director or promoter of a company(s), specify CIN of such company(s).													
Director		Promoter		CIN									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>									
Date of birth				<input type="text"/>		(DD/MM/YYYY)		Income-tax PAN		<input type="text"/>			
Occupation				<input type="text"/>									
Voter identity card number				<input type="text"/>		Passport number		<input type="text"/>					
Others (specify)				<input type="text"/>									
Permanent residential address													
Address		Line I		<input type="text"/>									
		Line II		<input type="text"/>									
City		<input type="text"/>											
State		<input type="text"/>			Pin code		<input type="text"/>						
Country		<input type="text"/>											
Phone		<input type="text"/>			Fax		<input type="text"/>						
e-mail ID		<input type="text"/>											
Whether present residential address is same as the permanent residential address										<input type="radio"/> Yes		<input type="radio"/> No	
Present residential address													
Address		Line I		<input type="text"/>									
		Line II		<input type="text"/>									
City		<input type="text"/>											
State		<input type="text"/>			Pin code		<input type="text"/>						
Country		<input type="text"/>											
Phone		<input type="text"/>			Fax		<input type="text"/>						

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

Declaration

*I,

☐ Son ☐ Daughter ☐ Wife of*

do solemnly 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.

Attachments:

1. Memorandum of association
2. Articles of association
3. Annexure containing details of subscribers
4. Optional attachment(s) - if any

List of attachments

To be digitally signed by

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

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

For office use only:

This eForm is hereby registered

Digital signature of the authorising officer