## FORM 1A

## Application form for availability or change of name

[Pursuant to sections 20 and 21 of the Companies Act, 1956]

Note - All fields marked in * are to be mandatorily filled.				
1. *Application for \( \sum \) Incorporating a new company \( \sum \) Changing the name of an existing company				
Part A : Availability of name				
2(a).*Name of applicant				
(b)*Occupation				
(c).*Address Line I				
Line II				
(d).*City				
(e).*State				
(f). *Country				
(g).*Pin code				
(h).*e-mail ID				
(i). Phone				
(j). Fax				
3. Details of promoters				
*(i) Name of promoter				
*(ii) Name of promoter				
(iii) Name of promoter				
(iv) Name of promoter				
(v) Name of promoter				
(vi) Name of promoter				
(vii) Name of promoter				
4. *Name of the state in which the proposed company is to be registered				
5. *Name of the Registrar of Companies in which the proposed company is to be registered				
6. *State whether the proposed company is public or private Public Private				

7. Propose	u name oi	ine company (Flease g	live o names in order	or preference)			
(a).*							
(b).							
(c).							
(d).							
(e).							
(f).							
8. State the	significan	ce of the key or coined	word(s), if any, in th	e proposed nan	ne(s) (in brief)		
(a).							
(b).							
(c).							
(d).							
(e).							
(f).							
		proposed company (If				ual fund, etc.,	
a copy o	t the in-prir	nciple approval of the a	ippropriate authority	snould be encid	osea)		
10 *Wheth	er the pror	posed name(s) is in cor	sonance with the nr	incinal objects	O Vas	O No	
		posed company is a go	·	morpai objecto	Yes     ✓ Yes	○ No	
					○ Yes	○ No	
12. *Particւ company o	ılars of dire r specify in	ector(s) (specify information of three directions	ation of two directors ctors in case the prop	in case the pro posed company	posed compar is a public co	ny is a private mpany)	
(i). *Directo	or identifica	tion number (DIN)					
Name							
* O Fa	ther's nam	e  Husband's name					
*Nationa	ality		*Occupation				
If already a	a director o	r promoter of a compa	ny(s), specify Corpor	ate identity nun	nber (CIN) of s	uch company(s)	
Dire	ector	Promoter	CIN				
			İ		1		

*Date of birth (DD/MM	/YYYY)		Income-	tax permane	nt account r	number (	PAN)	
Voter identity card nun	nber				Passport nu	ımber		
Others (specify)								
Permanent residential	address	3						
(a).*Address Line I								
Line II								
(b).*City								
(d).*State								
(d).*Pin code				(e).*Count	ry			
(f). Phone				(g). Fax				
(h). e-mail ID								
* Whether present res	idential a	address is same	e as the per	manent resid	dential addre	ess (	Yes	○ No
Present residential ad	dress							
(a).*Address Line I								
Line II					_			
(b).*City								
(c).*State								
(d).*Pin code				(e).*Count	ry			
(f). Phone				(g). Fax				
(ii). *DIN			$\overline{}$					
*Name								
	Hu	sband's name						
*Nationality			*Occupation	n				
If already a director of	r promo	ter of a compan	y(s), specif	y CIN of such	h company(	s)		
Director	Pro	moter	CI	N				
						=		
*Date of birth (DD/MM/YYYY) Income-tax PAN								
Voter identity card nun	nber				Passport nu	ımber		
Others (specify)								

Permanent residential	al address	
(a).*Address Line I	i	
Line II		
(b).*City		
(c).*State		
(d).*Pin code	(e).*Country	
(f). Phone	(g). Fax	
(h). e-mail ID		
* Whether present res	esidential address is same as the permanent residential address Yes	○ No
Present residential add	ddress	
(a).*Address Line I		
Line II	11	
(b).*City		
(c).*State		
(d).*Pin code	(e).*Country	
(f). Phone	(g).Fax	
(iii) DIN		
Name		
Father's name	Husband's name	
Nationality	Occupation	
	or promoter of a company(s), specify CIN of such company(s)	
Director	Promoter CIN	
D-4	AAAAAAA Isaanaa tau Bahi	
Date of birth (DD/MM/		
Voter identity card nun	umber Passport number	
Others (specify) Permanent residential	ial address	
(a). Address Line I		
Line II		
(b). City		
(c). State		
(d). Pin code	(e). Country	
(f). Phone	(g). Fax	
(h). e-mail ID		

Whether present residential address is same as the permanent residential address Yes No							
Present residential address							
(a). Address Line I							
Line II							
(b). City							
(c). State							
(d). Pin code		(e). Country					
(f). Phone		(g). Fax					
13. *Proposed authoris	ed capital						
	oposed name(s) are based on a regis ding for registration under the trade r		e subject matter	of an			
(b) If yes, furnish pa	(b) If yes, furnish particulars of trade mark or application						
Part B: In case of change of name							
15(a). *CIN of company							
(b). Global location number (GLN) of company							
16(a). Name of the cor	npany						
(b). Address of the registered office of the company							
17. *Reasons for change in name							

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1. In case of change of name of an existing company, a copy of board resolution				
2. In case there is a logo associated with the trade mark then image of the logo to be attached				
3. If change is due to a direction received from the Central Government of such direction	nt, then a copy			
4. Optional attachment(s) - if any				
	List of attachments			
Declaration  To the best of my knowledge and belief, the information given in this app complete, and the proposed name does not infringe the trademark rights of lave gone through the provisions of the Companies Act, 1956, the rules of availability of name.  I have been authorised by the board of directors' resolution dated submit this application.  I am authorised by the promoters to sign and submit this application.	of any entity or person. and guidelines framed there under in respec  (DD/MM/YYYY) to sign and			
To be digitally signed by				
Applicant or managing director or director or manager or secretary of t	the company			
For office use only:				
Digital signature of the authorising officer				
This e-Form is hereby approved				
This e-Form is hereby rejected				