FORM NO. FC-1

[Pursuant to section 380(1) (h) of the Companies	Æ
Act 2013, and rule 3(3) of Companies (Registration	é
of Foreign Companies) Rules, 2014]	स

Information to be filed by foreign company

Refer the instruction kit for filing the form.

1. *Name of the fore	ign company
2. (a)*ISO code of t	he country where the foreign company is registered
(b) Name of Cour	try
(c) Registration n	umber or GLN
3. Full address of re	gistered or principal office of foreign company
*Line I	
Line II	
*City	
*State	
*Country	*Pin code
*Telephone nu	mber with ISD Code
Fax number w	vith ISD Code
*email Id of the	e foreign company
4. (a) *Date of estab	lishment of principal place of business in India (DD/MM/YYYY)
(b) [*] Type of Office	
(c) Address of the	principal place of business in India
*Line I	
Line II	
*City	
*State	*Pin code
*Telephone r	umber
Fax number	
*email id	
(d)*Main division	of bussiness activity to be carried out in India
(based on re	levant sub class and description given in NIC-2004)
Description of	of the main division

5. Details of other places of business in India (if any)
Number of such other places of business in India
I. (i) *Date of establishment (DD/MM/YYYY)
(ii)*Type of office
(iii) Address
*Line I
Line II
*City
*State *Pin code
*Telephone number
Fax number
*email id
(iv)*Business activities to be carried out at such place
6. Particulars of place(s) of business in India established on any earlier occasion(s) other than above (if any)
Number of such places
I. (i) *Date of establishment (DD/MM/YYYY)
(ii) *Type of office
(iii) Address
*Line I
Line II
*City
*State *Pin code
*Telephone number
Fax number
*email id
(iv) *Business activities to be carried out at such place
(v) (a)*Date of closure of such place of business (DD/MM/YYYY)
(b)*Foreign company registration number of such place
 Details of the one or more person(s) resident in India and authorized to accept on behalf of the foreign company
service of process and any notices or other documents required to be served on the foreign company -

Membership number (In case of Secretary) "Nationality "Date of Birth (DD/MM/YYYY) If the present nationality is not the nationality of origin, then specify the nationality of origin Number of the passports Passport number Date of issue Possport number Date of issue Occupation type Self Employed Permanent address "Line I "Line I	Director Identification Number	(if any)	Pre-fill	
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*ISO Country code Country *Phone Fax				
*Phone Fax			*Pin code	
	*ISO Country code	Country		
*Whether the person authorised has been appointed through power of attorney or by passing the resolution				
	*Whether the person authorise	ed has been appointed thro	ugh power of attorney or by pa	assing the resolution

8. Details of the permission obtained from any Authority

Number of authority from whom approvals taken

	Name of the Authority
ii)*E	Date of obtaining the approval order (DD/MM/YYYY)
iii)*(Order number
iv) P	Period of validity of such permission, if any
v) *F	Permission obtained for
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vi) l	Brief particulars of terms and conditions subject to which such permission is given, if any
vii)	Other details, if any
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	ther the parent company is in operation at the time of making this application \bigcirc Yes \bigcirc No
(ii) [*] Whe	ether there is any winding up proceedings is pending against the parent company OYes ONo
	of subsidiary, holding or associate companies in India of the foreign company or of any subsidiary
	ding company of such foreign company or of any firm in India in which such foreign company or its ig or subsidiary company is a partner:
	er of such entities
Particu	ulars of such entities
I. i.*C	CIN/FCRN/LLPIN/Other Registration Number Pre-fill
1* .ii	Name of such company or firm
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L iii *'	Whether the company is
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	s of the persons, firms or companies in India which shall be deemed to be the `related party', within the
	ng of clause 76 of section 2 of the Act, of the foreign company or of any subsidiary or holding company of such
-	n company or of any firm in which such foreign company or its subsidiary or holding company is a partner.
	er of related parties
Particu	ulars of related parties
I. i. *D	IN/PAN/CIN/FCRN/LLPIN/Other Registration Number Pre-fill
ii.*N	Name of such person or company or firm
iii.*V	Whether the person or company or firm is
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13. 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 on foreign executed power of attorney

(b)*Whether stamp duty is to be paid electronically through MCA21 system O Yes O No O Not applicable

(i) Details of stamp duty to be paid

Amount of stamp duty to be paid

(in Rs)

(ii) Provide details of stamp duty already paid

Type of document/Particulars	Form FC-1
Total amount of stamp paid (in Rs.)	
Mode of payment of stamp duty	
Name of the office of the collector of stamps or prescribed authority for stamping in foreign executed documents as per Rule 18 of the Indian Stamp Act	
Serial number of embossing or stamps or treasury challan number	
Date of payment of stamp duty	(DD/MM/YYYY)
Place of payment of stamp duty	

Attachments

- *Certified copy of the charter, statutes, or memorandum and articles of the company or other instrument constituting or defining the constitution of the company;
- 2. *List of directors and secretary of the foreign company;
- *Power of attorney or board resolution in favor of the authorized representative(s);
- 4. *Reserve bank of India approval letter
- 5. Optional attachment(s), if any

Attach	
Attach	
Attach	
711001	
Attach	
Attach	

Remove attachment

List of attachments

Pre-fill

Declaration