

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 (Incorporation and Incidental) 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 (Radio Button) ☐ 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) 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). * Registered Office is

☐ Owned by Company ☐ Owned by 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 the police station under whose jurisdiction the registered office of the company is situated

* Police station Name

* Address Line I

Line II

* City

* State

* Pin code

(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.)

(i) Number of equity shares Nominal amount per equity share

Total amount of equity shares (in Rs.)

(ii) Number of preference shares Nominal amount per preference share

Total amount of preference shares (in Rs.)

(b) Subscribed capital of the company (in Rs.)

(i) Number of equity shares Nominal amount per equity share

Total amount of equity shares (in Rs.)

(ii) Number of preference shares Nominal amount per preference share

Total amount of preference shares (in Rs.)

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)

*Income-tax permanent account number (PAN)

*First Name

Middle Name

*Surname

Family Name

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

*Gender ☐ Male ☐ Female ☐ Transgender

*Nationality *Date of Birth

*Place of Birth (District & State)

*Educational qualification

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

Area of occupation

Permanent Address

*Line I

Line II

*City																					
*State/ Union Territory	<input style="width: 150px;" type="text"/>	*Pin code	<input style="width: 150px;" type="text"/>																		
ISO Country code	<input style="width: 40px;" type="text"/>																				
Country	<input style="width: 180px;" type="text"/>																				
*Phone (with STD/ISD code)	<input style="width: 80px;" type="text"/>	-	<input style="width: 120px;" type="text"/>																		
Mobile (with country code)	<input style="width: 60px;" type="text"/>	-	<input style="width: 120px;" type="text"/>																		
Fax	<input style="width: 150px;" type="text"/>																				
*email id	<input style="width: 180px;" type="text"/>																				
*Whether present address is same as the permanent address <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Present Address																					
*Line I	<input style="width: 180px;" type="text"/>																				
Line II	<input style="width: 180px;" type="text"/>																				
*City																					
*State/ Union Territory	<input style="width: 150px;" type="text"/>	*Pin code	<input style="width: 150px;" type="text"/>																		
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Mobile (with country code)	<input style="width: 60px;" type="text"/>	-	<input style="width: 120px;" type="text"/>																		
Fax	<input style="width: 150px;" type="text"/>																				
email id	<input style="width: 180px;" type="text"/>																				
*Duration of stay at present address <input style="width: 40px;" type="text"/> year(s) <input style="width: 40px;" type="text"/> month(s)																					
If Duration of stay at present address is less than one year then address of previous residence																					
*Proof of identity	<input style="width: 180px;" type="text"/>																				
*Residential Proof	<input style="width: 180px;" type="text"/>																				
<p>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)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Director <input type="checkbox"/></td> <td style="width: 25%; text-align: center;">Promoter <input type="checkbox"/></td> <td style="width: 50%; text-align: center;">CIN <input style="width: 150px;" type="text"/></td> </tr> <tr> <td colspan="3">Name of the company <input style="width: 180px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Director <input type="checkbox"/></td> <td style="text-align: center;">Promoter <input type="checkbox"/></td> <td style="text-align: center;">CIN <input style="width: 150px;" type="text"/></td> </tr> <tr> <td colspan="3">Name of the company <input style="width: 180px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Director <input type="checkbox"/></td> <td style="text-align: center;">Promoter <input type="checkbox"/></td> <td style="text-align: center;">CIN <input style="width: 150px;" type="text"/></td> </tr> <tr> <td colspan="3">Name of the company <input style="width: 180px;" type="text"/></td> </tr> </table>				Director <input type="checkbox"/>	Promoter <input type="checkbox"/>	CIN <input style="width: 150px;" type="text"/>	Name of the company <input style="width: 180px;" type="text"/>			Director <input type="checkbox"/>	Promoter <input type="checkbox"/>	CIN <input style="width: 150px;" type="text"/>	Name of the company <input style="width: 180px;" type="text"/>			Director <input type="checkbox"/>	Promoter <input type="checkbox"/>	CIN <input style="width: 150px;" type="text"/>	Name of the company <input style="width: 180px;" type="text"/>		
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Name of the company <input style="width: 180px;" type="text"/>																					

8. ***(a) Nomination**

I (**Small description box**), the subscriber to the memorandum of association of (**Small description box**) do hereby nominate (**Drop down – values; Mr., Ms.**) (**Small description box**) 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 (Incorporation and Incidental) Rules 2014.

(b) Particulars of the Nominee

Director Identification number(DIN)	<input style="width: 150px;" type="text"/>	<input type="button" value="Pre-Fill"/>
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*Income-tax permanent account number (PAN)	<input type="text"/>	Verify Details
*First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
*Surname	<input type="text"/>	
Family Name	<input type="text"/>	
* o Father's Name o Mother's Name o Spouse's name	<input type="text"/>	
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="text"/>	
*Nationality	<input type="text"/>	*Date of Birth <input type="text"/>
*Place of Birth (District & State)	<input type="text"/>	
*Educational qualification	<input type="text"/>	
*Occupation Type	<input type="radio"/> Self-employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman	
Area of occupation	<input type="text"/>	
Permanent Address	<input type="text"/>	
*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"/>
ISO Country code	<input type="text"/>	
Country	<input type="text"/>	
*Phone (with STD/ISD code)	<input type="text"/>	- <input type="text"/>
Mobile (with country code)	<input type="text"/>	- <input type="text"/>
Fax	<input type="text"/>	
*email id	<input type="text"/>	
*Whether present address is same as the permanent address	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Address	<input type="text"/>	
*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"/>
*ISO Country code	<input type="text"/>	
Country	<input type="text"/>	
*Phone (with STD/ISD code)	<input type="text"/>	- <input type="text"/>
Mobile (with country code)	<input type="text"/>	- <input type="text"/>
Fax	<input type="text"/>	
email id	<input type="text"/>	
*Duration of stay at present address	<input type="text"/> year(s)	<input type="text"/> month(s)
If Duration of stay at present address is less than one year then address of previous residence	<input type="text"/>	
*Proof of identity	<input type="text"/>	
*Residential Proof	<input type="text"/>	

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

- (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

10. Particulars of payment of stamp duty

(a) State or Union territory in respect of which stamp duty is paid or to be paid

Pre-Fill

(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"/>	<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				

Attachments

- *Memorandum of Association
- *Articles of Association
- *Proof of identity of the member and the nominee
- *Residential proof of the member and the nominee
- *Copy of PAN card of member and nominee
- *Consent of Nominee in form INC.3
- *Affidavit from the subscriber and first Director to the memorandum in Form No. INC.9
- List of all the companies (specifying their CIN) having the same registered office address, if any;
- Specimen Signature in Form INC.10
- Entrenched Articles of Association
- Proof of Registered Office address

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Attach

- (Conveyance/ Lease deed/Rent Agreement etc. along with rent receipts)
12. Copies of the utility bills as mentioned above
(not older than two months)
 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)
 14. Consent from Director
 15. Optional Attachment, if any

Attach

Attach

Attach

Attach

Attach

DeclarationI

, a person named in the articles as subscriber as well as the sole director of the company do hereby 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. 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.
3. I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years;
4. I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years;
5. I am not a director/promoter of any company which is defaulting in filing of financial statements and annual return and/or any company which has been declared as vanishing company; and
6. I have also understood the provisions of sections 7(5), 7(6), 447, 448 and 449 of the Companies Act, 2013 and understand that I shall be liable for punishment in terms of section 7(5) and 7(6) of the Companies Act, 2013 in case of furnishing of false or incorrect information or for suppression of material information for registration of captioned company.

DeclarationI

, a person named in the articles as a * **(Drop down)** {Values: Director/Manager/Company Secretary} 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

DSC BOX

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:

Affix filing details

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)