

FORM NO. INC.4

[Pursuant to section 3(1) of the Companies Act, 2013 and Rule 4(4), (5) & (6) of the Companies (Incorporation) Rules 2014]



सत्यमेव जयते

One Person Company – Change in Member/ Nominee

Form language ☐ English ☐ Hindi

Refer the instruction kit for filing the form.

1. *This form is for

- ☐ Notice of withdrawal of consent by the nominee
☐ Intimation about change in the name of the nominee
☐ Intimation of cessation of member

2. *(a) Corporate identity number(CIN) of company

Pre-fill

(b) Global Location Number of the company

3. (a) Name of One Person Company

(b) Address of registered office
of the company

(c) email Id of the company

4. Notice of withdrawal of consent

Notice is hereby given that

who was nominated as the nominee of

has withdrawn his/her consent vide his/her notice dated *

a copy of

which is

attached herewith.

5. Intimation about change in nomination

Notice is hereby given that

, member of

has nominated *

vide intimation dated * as his/her nominee in place of

who shall become the member of the company in the event of his/her death or his/her incapacity to contract. He/she declares that the nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation and Incidental) Rules 2014.

6. Intimation of cessation of member

(a) Intimation is hereby given that

has ceased to be the member of

w. e. f. *

due to * {Drop down - Values: Death of the member, Incapacity of member to

contract,

change in ownership} and *

*(Drop down: his/her nominee, the transferee) has become the sole member of the above mentioned company.

(b) *Whether the nominee is same (In case of change in ownership) o Yes o No

7. Intimation about the change of nominee

Further notice is given that *

*(Drop down - values: member, new member)

has nominated *

as his nominee w. e. f. who shall become the member of the company in the event of his/her death or incapacity to contract. He/she declares that the nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation and Incidental) Rules 2014.

8. Particulars of the New Nominee

Director Identification number(DIN)		Pre-Fill
*Income-tax permanent account number (PAN)		Verify Details
*First Name		
Middle Name		
*Surname		
Family Name		
* o Father's Name o Mother's Name o Spouse's name		
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
*Nationality		*Date of Birth
*Place of Birth (District & State)		
*Educational qualification		
*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		
Permanent Address		
*Line I		
Line II		
*City		
*State/ Union Territory		*Pin code
ISO Country code		
Country		
*Phone (with STD/ISD code)		
Mobile (with country code)		
Fax		
*email id		
*Whether present address is same as the permanent address	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Address		
*Line I		
Line II		
*State/ Union Territory		*Pin code
*ISO Country code		

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. Particulars of the new member

Director Identification number(DIN)	<input type="text"/>	<input type="button" value="Pre-Fill"/>
*Income-tax permanent account number (PAN)	<input type="text"/>	<input type="button" value="Verify Details"/>
*First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
*Surname	<input type="text"/>	
Family Name	<input type="text"/>	
<input type="radio"/> o Father's Name <input type="radio"/> o Mother's Name <input type="radio"/> o Spouse's name		
<input type="text"/>		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
*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"/>	
<input type="text"/>		

*City		
* State/ Union Territory		*Pin code
*ISO Country code		
Country		
*Phone (with STD/ISD code)		-
Mobile (with country code)		-
Fax		
email id		
*Duration of stay at present address		year(s) month(s)
If Duration of stay at present address is less than one year then address of previous residence		
*Proof of identity		
*Residential Proof		

Attachment(s)

- (1) *Consent of the nominee in Form No. INC.3
- (2) *Copy of PAN card of the new nominee and/or new member
- (3) *Proof of identity of the new nominee and/or new member
- (4) *Residential proof of the new nominee and/or new member
- (5) Notice of withdrawal of consent filed by the nominee
- (6) Copy of intimation given by member for change in nominee
- (7) Proof of Cessation of member
- (8) Optional attachment(s) - if any.

Attach
Attach
Attach
Attach
Attach
Attach
Attach

***To be digitally signed by member**

DSC BOX

Income-tax PAN or Director identification number of the member*To be digitally signed by Director**

DSC BOX

Director identification number of the director; or
DIN or PAN of the manager or CEO or CFO; or
Membership number of company secretary

Note: Attention is 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

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the company