<u>ANNEXURE</u>

## FORM NO. FC-1

[Pursuant to section 380(1) (h) of the Companies Act 2013, and rule 3(3) of



## Information to be filed by foreign company

Comp	panies (Registration of Foreign panies) Rules, 2014] सत्यमेव जयते
Form	language o English o Hindi
Refer t	he Instruction kit for filing the form.
1.	*Name of the foreign company
2.	(a) *ISO code of the country where the foreign company is registered
	(b) Name of Country
	(c) Registration number or GLN
3.	Full address of registered or principal office of foreign company
	*Line I
	Line II
	*City
	*State
	*Country *Pin code
	*Telephone number with ISD Code
	Fax number with ISD Code
	*email Id of the foreign company
	· <del></del>
4.	(a) *Date of establishment of principal place of business in India
i	(b)*Type of office
	If others, then provide details
(c) Add	ress of the principal place of business in India
	*Line 1
	Line II
	*City
	*State *Pin code
	*Telephone number
	Fax number
	*email id
	(d) *Main division of business activity to be carried out in India
	(based on relevant sub class and description given in NIC-2004)
Descri	ption of the main div.sion

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
(ii) *Type of office
If others, specify
(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
if any)
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
(ii) *Type of office
If others, specify
(iii) Address
*Line I
Line II
*City *Pin code
*State
*Telephone number
Fax number
*email id
(iv) *Business activities to be carried out at such place
1
(v) (a) *Data of clasura of such place of husiness
(v) (a) *Date of closure of such place of business  (b)*Foreign company registration number of such place
(b)* Foreign company registration number of such place

Late of the foreign company						
7. 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-						
*Number of persons authorized						
Particulars of the authorized person						
Director Identification Number (if any)						
*Income tax Permanent Account number (Income-tax PAN)						
*Name of the person resident in India authorized to accept on behalf of foreign company						
*O Father's Name o Mother's Name o Spouse's name						
*Designation						
Membership number (In case of Secretary)						
*Nationality *Date of Birth						
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						
Issue country						
*Occupation type O Self Employed O Professional O Homemaker O Student O Serviceman						
Area of Occupation						
If others selected, specify						
Permanent Address						
*Line						
Line II						
*City						
*State/Union Territory  *ISO Country code Country						
*Phone Fax						
*email ID						
*Whether present address is same as the permanent address   Yes   No (Radio button)						
Present Address						
*Line						
Line II						
*City						
*State/Union Territory *Pin code						
*ISO Country code Country						
*Phone Fax						
*Whether the person authorised has been appointed through power of attorney or by passing the resolution						
O Power of attorney O Resolution						

8. Details of the permission obtained from any Authority
Number of authority from whom approvals taken
i)*Name of the Authority
ii) *Date of obtaining the approval order
iii)*Drder number
iv)Period of validity of such permission, if any
v) *Permission obtained for
to be parameterian is given if any
vi)Brief particulars of terms and conditions subject to which such permission is given, if any
vii) Other details, if any
9. (i) *Whether the parent company is in operation at the time of making this application of Yes of No
(ii) *Whether there is any winding up proceedings is pending against the parent company o Yes o No
If yes, mention
10. Details of subsidiary, holding or associate companies in India of the foreign company or of any subsidiary or holding
<ol> <li>Details of subsidiary, holding or associate companies in initial of the foreign company or its holding or subsidiar company of such foreign company or of any firm in India in which such foreign company or its holding or subsidiar</li> </ol>
company is a partner:
*Number of such entities
Particulars of such entities
I. i.*CIN/FCRN/LLPIN/Dther Registration Number
ii. *Name of such company or firm
iii.*Whether the company is  11. Details of the persons, firms or companies in India which shall be deemed to be the 'related party', within the state of the foreign company or of any subsidiary or holding company of su
11. Details of the persons, firms or companies in India which shall be deemed to be the violating company of su meaning of clause 76 of section 2 of the Act, of the foreign company or of any subsidiary or holding company is a partner.
foreign company or of any firm in which such foreign company of its substitution,
Number of related parties
Particulars of related parties  Pro-fill  Pro-fill
I. i.*DIN/PAN/CIN/FCRN/LLPIN/Other Registration Number
ii. *Name of such company or firm

iii.*Whether the company is
12. (a) *Whether the company is falling under section 379 of the Companies Act, 2013 O Yes O No
(b) If yes, specify the number of such persons covered under section 379
Particulars of such person(s)
*Category
Details of the person
Director identification number
*Income tax Permanent Account number (Income-tax PAN)
*Name of the person
*O Father's Name o Mother's Name o Spouse's name
*Nationality Date of Birth
*Occupation type O Self Employed O Professional O Homemaker O Student O Serviceman
Area of Occupation  If others selected, specify
*Educational qualification
Permanent Address
*Line 1
Line II
*City
*State /Union Territory *Pin code
*ISO Country code
Country
*Phone Fax
Mobile
*email id
*Whether present address is same as the permanent address ☐ Yes ☐ No ( Radio button)
Present Address
*Line I
Line II
*City
*State/Union Territory *Pin code
*ISO Country code
Country
*Phone Fax
*Details of companies/ body corporates
a) CIN/LLPIN/Other Registration Number

p)	Name of the company/b	oody corporate						
c)	Address with contact de		<u></u>					
1								<del></del>
d)	Email ID of the company	у			<del></del>			
e)	Telephonne number							
f)	Fax number, if any							
<u>''</u>								
Particular:	of payment of stamp duty	/ (Refer instructi	on kit for (	letailes befor	e filling the	particu	alars)	Transco III
	inion Territory in respect of w							ro-fill
paid or to	pe paid on foreign executed (	power of attorney	·				<b></b>	
)*Whether:	stamp duty is to be paid elect	tronically through	MCA21 sy	stem O Y	es O	No (	O Not appli	cable
(i) Detoile	of stamp duty to be paid							
• •	nt of stamp duty to be paid	(în Rs	)					
		-						
(ii) Provid	e details of stamp duty afread	dy paid		. <u> </u>				
T	armant/Dections o							$\neg$
type of do	cument/Particulars		. <u> </u>					
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	yment of stamp duty					<u> </u>		
	e office of the collector of sta							
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prescribed	authority for stamping in fore	eign the Indian						1
executed d	ocuments as per Rule 18 of	eign the Indian						
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any earlier occasion(s);  8. Particulars of the authorized representatives;  9. Interest of authorized person(s) in other entities;  10. Particulars of subsidiary, holding or associate companies of the foreign company in India  11. Particulars of related party of the foreign company.  12. Copy of permission letter of other Authority(s)/Regulator(s);  13. Optional attachment(s), if any							
Declaration							
l, *							
the authorized representative of the company, hereby certify that I am authorized by the Board of Directors of the Company vide resolution number *							
*To be digitally signed by DSC box							
*Name of the authorised representative							
*Income Tax PAN of the Authorised representative							
Note: Attention is also drawn to provisions of Section 448 of the Act which provide for punishment for false statement and certification.							
For office use only:							
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)							