

**FORM NO. INC.7**

**[Pursuant to Section 7(1) of the Companies Act, 2013 and pursuant to Rule 10, 12, 14 and 15 of the Companies (Incorporation) Rules 2014]**



सत्यमेव जयते

**Application for Incorporation  
of Company (Other than OPC)**

**Form language** ☐ English ☐ Hindi

**Refer the instruction kit for filing the form.**

1. \*Service Request Number (SRN) of Form INC.1

Pre-Fill

2. (a) Name of the company

(b) Type of Company is

(c) Class of Company

(d) Category

(e) Sub category

(f) Section 8 license number

\* (g) Company is ☐ 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

(c) \*Whether the address for correspondence will be the address of Registered office of the Company

☐ Yes ☐ No

(d) Address for correspondence till the registered office of the company is established

*Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
	<input type="text"/>		
*State/Union Territory	<input type="text"/>		<input type="text"/>
*District	<input type="text"/>	*Pin code	<input type="text"/>
ISO Country code	<input type="text"/>		
Country	<input type="text"/>		

\*Phone (With STD/ISD code)  -

Fax

\*email ID of the company

4. I. \*Capital structure of the company

(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.)

II. \*Details of number of members

(a) Enter the maximum number of members

(b) Maximum number of members excluding proposed employees

(c) Number of members

(d) Number of members excluding proposed employee(s)

5. \*Main division of industrial activity of the company

Description of the main division

6. \*(a) Whether the proposed company shall be conducting any activities which require approval from any spectral regulator ( Like RBI in case of NBFI and Banking activities ) to commence such activities ☐ Yes ☐ No

(b) If yes, please enter the name of such Regulatory authority and the proposed activity.

7. \*Enter the number of promoters (first subscribers to the Memorandum of Association (MOA))

Particulars of Promoters (first subscribers to the MOA)

*Category	<input type="text"/>	<input type="text"/>
* Director Identification number(DIN) or Income –tax permanent account number (Income- tax PAN) or passport number or corporate identity number(CIN) Or foreign company registration number(FCRN) or any other registration number	<input type="text"/>	<input type="button" value="Pre-Fill"/> <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"/>	
*o Father's Name    o Mother's Name    o Spouse's name	<input type="text"/>	
*Nationality	<input type="text"/>	*Date of Birth <input type="text"/>
*Gender (Radio button)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
*Place of Birth (District & State)	<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"/>	
*Educational qualification	<input type="text"/>	
*Name of the entity	<input type="text"/>	
*Income tax permanent Account Number (PAN)	<input type="text"/>	
Permanent Address/Registered address/Principal place of business		
*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	<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 ( Radio button)	
Present Address		
*Line I	<input type="text"/>	
Line II	<input type="text"/>	

<b>*City</b>	<input style="width: 95%;" type="text"/>		
<b>*State/Union Territory</b>	<input style="width: 25%;" type="text"/>	<b>*Pin code</b>	<input style="width: 25%;" type="text"/>
<b>*ISO Country code</b>	<input style="width: 20%;" type="text"/>		
<b>Country</b>	<input style="width: 95%;" type="text"/>		
<b>*Phone(With STD/ISD code)</b>	<input style="width: 10%;" type="text"/>	<input style="width: 70%;" type="text"/>	
<b>Mobile</b>	<input style="width: 80%;" type="text"/>		
<b>Fax</b>	<input style="width: 40%;" type="text"/>		
<b>*Duration of stay at present address</b>	<input style="width: 10%;" type="text"/>	<b>Years</b>	<input style="width: 10%;" type="text"/> <b>Months</b>
If Duration of stay at present address is less than one year then address of previous residence			
<input style="width: 95%;" type="text"/>			
<b>*Proof of identity</b>	<input style="width: 60%;" type="text"/>		
<b>*Residential Proof</b>	<input style="width: 60%;" type="text"/>		
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)			
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input style="width: 20%;" type="text"/> CIN	
<input style="width: 95%;" type="text"/> Name of the company			
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input style="width: 20%;" type="text"/> CIN	
<input style="width: 95%;" type="text"/> Name of the company			
<input type="checkbox"/> Director	<input type="checkbox"/> Promoter	<input style="width: 20%;" type="text"/> CIN	<input type="button" value="Pre-fill all"/>
<input style="width: 95%;" type="text"/> Name of the company			
<b>* Number of shares subscribed</b>	<input style="width: 10%;" type="text"/>	<b>* Total amount of shares subscribed (in Rs.)</b>	<input style="width: 20%;" type="text"/>
<b>* Particulars of authorised person</b>			
a) Name of the authorised person <input style="width: 80%;" type="text"/>			
b) <input type="radio"/> Father's Name <input type="radio"/> Mother's Name <input type="radio"/> Spouse's name			
<input style="width: 95%;" type="text"/>			
c) Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender			
d) Nationality	<input style="width: 20%;" type="text"/>	f) Date of Birth	<input style="width: 20%;" type="text"/>
f) Phone (With STD/ISD code)	<input style="width: 10%;" type="text"/>	-	<input style="width: 20%;" type="text"/>
g) email ID	<input style="width: 80%;" type="text"/>		

8. (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

### 9. 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.7	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 INC.7	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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serial number of embossing or stamps or stamp paper or treasury challan number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number of vendor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Attachments

1) \*Memorandum of association

Attach

2) \*Articles of association

Attach

3) \*Declaration in Form No. INC.8

Attach

4) \*Affidavit from each of the subscriber to the memorandum in Form No. INC.9

Attach

- |  |        |
|--|--------|
| 5) *Proof of residential address   | Attach |
| 6) Specimen Signature in Form INC.10   |        |
| 7) Proof of identity   | Attach |
| 8) Entrenched Articles of association  | Attach |
| 9) Copy of In-principle approval granted by sectorial regulator if already taken                       | Attach |
| 10) NOC in case there is change in the promoters (first subscribers to Memorandum of Association)      | Attach |
| 11) Proof of nationality (in case the subscriber is a foreign national)                                | Attach |
| 12) PAN card (in case of Indian national)  | Attach |
| 13) Copy of certificate of incorporation of the foreign body corporate and registered office address   | Attach |
| 14) Copy of resolution/consent by all the partners or board resolution authorizing to subscribe to MOA | Attach |
| 15) Optional attachment, if any  | Attach |

### Declaration

I \*(*Small description box*), 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 other promoters subscribing to the Memorandum of Association and Articles of Association and the first directors 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 and legibly attached to this form;
3. \*(*Small description box*), a/an \*(*Drop down*) {Values: Chartered Accountant/ Company Secretary/ Cost Accountant/ Advocate} having Membership number \* [ ] and/or certificate of practice number [ ] has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

### To be digitally signed by

\*Designation [ *Drop down* ] {Values: Director, Manager, Company Secretary}

DSC BOX

DIN of the director; or DIN or Income tax PAN of the manager or Membership number of the company secretary [ ]

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 section 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		Confirm submission	
Digital signature of the authorising officer	[ ]		
Date of signing	[ ]	(DD/MM/YYYY)	