

FORM NO. INC.6

[Pursuant to section 18 of the Companies Act, 2013 and Rule 7(4) the Companies (Incorporation) Rules, 2014]


**One Person Company –
Application for Conversion**

Form language o English o Hindi

Refer the instruction kit for filing the form.

1. *Application for
 - ☐ Conversion of OPC into private company
 - ☐ Conversion of OPC into public company
 - ☐ Conversion of Private company into OPC
2. (a) *Corporate identity number (CIN) of the company Pre-Fill
 (b) Global location number (GLN)
3. (a) Name of the company
 (b) Category
 (c) Sub-category of the company
 (d) Address of Registered office of the company

 (e) Date of incorporation of the company
 (f) email ID of the company
 (g) Whether company is having share capital or not
4. *Name of the company at the time of incorporation (to be displayed in the certificate)

Part A

5. (a) *Whether the conversion is mandatory by provisions of the Companies Act, 2013
 - ☐ Yes ☐ No
- (b) *Mention which of the following has exceeded the threshold limit
 - ☐ Paid up share capital ☐ Average annual turnover
- (c) *Mention the SRN of form INC.5
6. *(a) Date of exceeding the threshold limit
 *(b) Amount so exceeded the threshold limit
 *(c) Specify the relevant period
7. I * ,
 the director of the one person company hereby affirm that:-
 1. As the paid up share capital of the captioned company has exceeded fifty lakh rupees or its average annual turnover during the relevant period has exceeded two crore rupees, the company has ceased to be a one person company; and consequently the company is required to be converted into a private company or public company, as the case may be;
 2. Necessary steps are being taken for giving effect to such conversion in accordance with the provisions of section 18 read with section 122 of the Act.

Part B

8. *Existing number of directors in the company

(Number of directors shall be minimum 2 in case of conversion into private company or 3 in case of conversion into public company)

9. Particulars of special resolution

- (a) *SRN of Form MGT.14
 (b) *Date of filing Form MGT.14
 (c) *Date of passing the special resolution

10. I. Capital structure of the company

(a) Authorized capital of the company (in Rs.) <input type="text"/>	
* (i) Number of equity shares <input type="text"/>	Nominal amount per equity share <input type="text"/>
Total amount of equity shares (in Rs.) <input type="text"/>	
* (ii) Number of preference shares <input type="text"/>	Nominal amount per preference share <input type="text"/>
Total amount of preference shares (in Rs.) <input type="text"/>	
* (b) Paid up capital of the company (in Rs.) <input type="text"/>	
(i) Number of equity shares <input type="text"/>	Nominal amount per equity share <input type="text"/>
Total amount of equity shares (in Rs.) <input type="text"/>	
(ii) Number of preference shares <input type="text"/>	Nominal amount per preference share <input type="text"/>
Total amount of preference shares (in Rs.) <input type="text"/>	

II. Number of members

(a) Maximum number of members	<input type="text"/>
(b) Maximum number of members excluding proposed employees	<input type="text"/>
(c) Number of members	<input type="text"/>
(d) Number of members excluding proposed employee(s)	<input type="text"/>

PART C

11. Particulars of the person who will be sole member of the OPC subsequent upon conversion

Director Identification number(DIN)	<input type="text"/>	Pre-Fill
*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		
*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			
*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"/>		

12. Nomination

I *(Small description box)*, the member of * *(Small description box)* do hereby nominate *(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 Rules, 2014.

13. Particulars of the person who will be nominee of the sole member subsequent upon conversion

Director Identification number(DIN)	<input type="text"/>	Pre-Fill
*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"/>	
* <input type="radio"/> Father's Name <input type="radio"/> Mother's Name <input type="radio"/> 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	
*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	
*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"/>

Attachments

1. *Altered Memorandum of association
2. *Altered Articles of association
3. *Copy of the duly attested latest financial statement.
4. *Copy of board resolution authorizing giving of notice;
5. Certificate from a Chartered Accountant in practice for calculation of the average annual turnover during the relevant period in case of conversion is on the basis of such criteria.
6. Affidavit confirming that all the members of the company have given their consent for conversion, the paid up capital of the company is Rs 50 lakhs or less and turnover is less than Rs 2 crores in the immediately preceding year.

Attach

Attach

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7. Copy of minutes, list of creditors and list of members.
8. Copy of NOC of every creditors with the application for Conversion.
9. Consent of the nominee in Form No. INC.3
10. Copy of PAN card of the nominee and member
11. Proof of identity of the nominee and member
12. Residential proof of the nominee and member
13. Optional attachment(s) - if any.

Attach

Attach

Attach

Attach

Attach

Attach

Declaration

I*, , a * (Drop down) {Values: Director/Manager/Company Secretary /CEO/CFO} of the company declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect to the conversion of the company and matters precedent or incidental thereto have been complied with. I am authorized by the board of directors to give this declaration and to sign and submit this Form. It is further declared and verified that

☐ *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.

☐ No objection certificate has been received from the members and creditors allowing conversion from private company into OPC.

☐ *All the required attachments have been completely, correctly and legibly attached to this form.

***To be digitally signed by**

*Designation

DSC BOX

*Director identification number of the director; or
DIN or PAN of the manager/CEO/CFO; or Membership
number of the Company Secretary

To be digitally signed by

DSC BOX

Member (In case of conversion of OPC)

PAN or DIN of member

Note: Attention is 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

Digital signature of the authorising officer

Confirm submission

Date of signing

(DD/MM/YYYY)