

**FORM NO. INC-29****Integrated Incorporation Form**

(Pursuant to sections 4,7,12, 152 and 153 of the Companies Act, 2013 read with rules made thereunder)

Form language  English  Hindi

Refer the instruction kit for filing the form.

1. (a) \*State the type of company
- (b) \*State the class of company  Public  Private  One Person Company
- (c) \*State the category of company
- (d) \*State the sub-category of company
- (e) \*Company is  Having share capital  Not having share capital

2. (a) \*Main division of industrial activity of the company

Description of the main division

- (b) \*Whether standard template of Memorandum of Association (MoA) as prescribed under schedule I to the Companies Act, 2013 is opted for adoption  Yes  No
- (c) (i) \*Whether standard template of Articles of Association (AoA) as prescribed under schedule I to the Companies Act, 2013 is opted for adoption  Yes  No
- (ii) Whether Articles of Association is entrenched  Yes  No
- (iii) Number of Articles to which provisions of entrenchment shall be applicable

Details of such articles

Sr. No.	Article Number	Short description on entrenchment of the clause

3. (i) \*Capital structure of the company

Total authorized share capital (in Rupees)

Authorized share capital	Equity	Preference	Unidentified
Number of shares			
Nominal amount per share (in Rupees)			
Total amount (in Rupees)			

Total subscribed share capital (in Rupees)

Subscribed share capital	Equity	Preference
Number of shares		
Nominal amount per share (in Rupees)		
Total amount (in Rupees)		

- (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)	

4. (a) \*Correspondence 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"/>
*District	<input type="text"/>
*Phone (with STD code)	<input type="text"/> - <input type="text"/>
Fax	<input type="text"/>
*email ID of the company	<input type="text"/>

(b) \*Whether the address for correspondence is the address of registered office of the company  Yes  No

(c) \*Name of the office of the Registrar of Companies in which the proposed company is to be registered

5. \*Particulars of the proposed name

(a)	Proposed name	<input type="text"/>
	Significance of abbreviated or coined word in the proposed name	<input type="text"/>
	State the name of the vernacular language(s) if used in the proposed name and meaning thereof	<input type="text"/>

(b)	(i) *Whether the promoters are carrying on any Partnership firm, sole proprietary or unregistered entity in the name as applied for If yes, whether the business of such entity shall be acquired	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
	(ii) *Whether the proposed name contains name of any person other than the promoter(s) or their close blood relative(s)	<input type="radio"/> Yes <input type="radio"/> No
	(iii) *Whether the proposed name includes the name of relative(s)	<input type="radio"/> Yes <input type="radio"/> No
	(iv) *Whether approval from any sectoral regulator is required	<input type="radio"/> Yes <input type="radio"/> No
	(v) Whether the name is similar to <input type="radio"/> Existing Indian Company <input type="radio"/> Foreign body corporate [Attach the copy of No Objection Certificate by way of Board resolution (duly attested by a director of that company)] Provide CIN <input type="text"/> <b>Pre-fill</b> Name of the Company <input type="text"/>	

(c) (i) \*Whether the proposed name is based on a registered trademark or is subject matter of an application pending for registration under the Trade Marks Act  Yes  No

(ii) \*Specify the class(s) of trade mark (refer the instruction kit for details)

(iii) \*Furnish the particulars of application and the approval of the applicant or owner of the trade mark

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6. (a) \*Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
Total number of directors (including subscriber cum director)		
Number of individual first subscriber(s) cum director(s)		
Number of individual first subscriber(s) other than subscriber cum director		
Number of non-individual first subscriber(s)		

(b) \*Particulars of directors (other than first subscribers)

I

\*Director Identification number (DIN)  Pre-Fill

\*Name

\*Gender  \*Date of Birth  \*Nationality

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)

*Registration number	<input type="text"/>
*Name	<input type="text"/>
*Address	<input type="text"/>
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

I

\*First Name

Middle Name

\*Surname

\*Father's first name

Father's middle name

\*Father's surname

\*Gender  \*Date of Birth  \*Nationality

\*Place of Birth

\*Whether citizen of India  Yes  No      \*Whether resident in India  Yes  No

\*Occupation type  Self Employed  Professional  Homemaker  Student  Serviceman

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

\*  PAN  Passport number

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Permanent Address

\*Line I

Line II

\*City

\* State/ Union Territory  \*Pin code

\*ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\*ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Number of entities in which director have interest

*Registration number <input type="text"/>	
*Name	<input type="text"/>
*Address	<input type="text"/>
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

(c) \*Particulars of individual first subscriber(s) cum directors

I

\*Director Identification number (DIN)

\*Name

\*Gender  \*Date of Birth  \*Nationality

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

Number of entities in which director have interest (Need not mention if such entity is having CIN/FCRN/LLPIN)

*Registration number <input type="text"/>	
*Name	<input type="text"/>
*Address	<input type="text"/>
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

I

\*First Name

Middle Name

\*Surname

\*Father's first name

Father's middle name

\*Father's surname

\*Gender  \*Date of Birth  \*Nationality

\*Place of Birth

\*Whether citizen of India  Yes  No \*Whether resident in India  Yes  No

\*Occupation type  Self Employed  Professional  Homemaker  Student  Serviceman

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

\*  PAN  Passport number

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Permanent Address

\*Line I

Line II

\*City

\* State/ Union Territory  \*Pin code

\*ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\*ISO Country code  Country

\*Phone (with STD/ISD code)

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of Identity  \*Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

**Submit the proof of identity and proof of address under attachments.**

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

Number of entities in which director have interest

*Registration number <input type="text"/>	
*Name <input type="text"/>	
*Address <input type="text"/>	
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

(d) \*Particulars of individual first subscriber(s) (other than subscriber cum director)

I

*Director Identification number (DIN) <input type="text"/>	<b>Pre-Fill</b>	
*Name <input type="text"/>		
Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

I

*First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
*Surname	<input type="text"/>	
*Father's first name	<input type="text"/>	
Father's middle name	<input type="text"/>	
*Father's surname	<input type="text"/>	
*Gender <input type="text"/>	*Date of Birth <input type="text"/>	*Nationality <input type="text"/>
*Place of Birth	<input type="text"/>	
*Occupation type <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Serviceman		
*Area of Occupation	<input type="text"/>	
If 'Others' selected, please specify	<input type="text"/>	
*Educational Qualification	<input type="text"/>	

\*  PAN  Passport number

\*email ID

Permanent Address

\*Line I

Line II

\*City

\* State/ Union Territory  \*Pin code

\*ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\*ISO Country code  Country

\*Phone (with STD/ISD code)

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

**Submit the proof of identity and proof of address under attachments.**

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

(e) \*Particulars of non-individual first subscriber(s)

\*Category

\*Corporate identity number(CIN) or foreign company registration number(FCRN) or any other registration number

\*Name of the body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

\*Line I

Line II

\*City

\*State /Union Territory  \*Pin code

\*ISO Country code



Country

\*Phone (With STD/ISD code)  -

Fax

\*email id

**Particulars of the authorised person**

\*First Name

Middle Name

\*Surname

\*Father's First Name

Father's Middle Name

\*Father's Surname

\* Gender  \*Date of Birth  \*Nationality

\*Income tax PAN

\*Place of Birth (District & State)

\*Occupation type

\*Area of Occupation

\*Educational qualification

Present Address

\*Line I

Line II

\*City

\*State /Union Territory  \*Pin code

ISO Country code

Country

\*Phone (With STD/ISD code)  -

Mobile

Fax

\*email id

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

7. (a) \*Nomination

I \*  ,  
 the subscriber to the memorandum of association of  
  
 do hereby nominate \*

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) Rules, 2014.

(b) \*Particulars of the Nominee

Director Identification number(DIN)  Pre-Fill

*First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
*Surname	<input type="text"/>		
*Father's First Name	<input type="text"/>		
Father's Middle Name	<input type="text"/>		
*Father's Surname	<input type="text"/>		
*Gender	<input type="text"/>	*Date of Birth	<input type="text"/>
		Nationality	<input type="text"/>
*Income- tax PAN	<input type="text"/>	<input type="button" value="Verify Details"/>	
*Place of Birth (District & State)	<input type="text"/>		
*Occupation type	<input type="text"/>		
*Area of Occupation	<input type="text"/>		
*Educational qualification	<input type="text"/>		
Permanent 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	<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	<input type="text"/>		
Fax	<input type="text"/>		
*Duration of stay at present address <input type="text"/> Years <input type="text"/> Months			
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"/>

### 8. 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	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	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				

### 9. Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)\*\*

Information specific to PAN

Area code			AO type		Range code			AO No.			

**Information specific to TAN**

Area code			AO type		Range code			AO No.			

**Source of Income**

- Income from Business/profession   
 Capital Gains   
 Income from house property  
 Income from other source   
 No Income

Business/Profession code

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**10. Additional Information for Employer registration under Employee State Insurance Corporation (ESIC)**

Type of Unit     Factory     Establishment

Exact nature of Work/ Business carried on

Work Sub category

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**\*\*This information is mandatorily required to be filled in case of applicants desirous of applying for PAN and/ or TAN at the time of incorporation of a company. This facility is available at the e-Biz portal only as per separate procedure prescribed by e-Biz portal.**

**Attachments**

- |   |        |
|---|--------|
| 1. *Memorandum of association;  | Attach |
| 2. *Articles of Association;  | Attach |
| 3. *Affidavit and declaration by first subscriber(s) and director(s);   | Attach |
| 4. Proof of Office address (Conveyance/ Lease deed/Rent Agreement etc. along with rent receipts);             | Attach |
| 5. Copy of the utility bills (not older than two months);   | Attach |
| 6. Approval of the owner of the trademark or the applicant of such application for registration of Trademark; | Attach |
| 7. Proof of relation;   | Attach |
| 8. NOC from the sole proprietor/partners/other associates/ existing company;                                  | Attach |
| 9. NOC from any other person;   | Attach |
| 10. Copy of certificate of incorporation of the foreign body corporate and resolution passed;                 | Attach |
| 11. Resolution passed by promoter company;  | Attach |
| 12. NOC from existing Indian company;   | Attach |
| 13. Interest of first director(s) in other entities;  | Attach |
| 14. Consent of Nominee;   | Attach |
| 15. Proof of identity & residential address of subscribers;   | Attach |
| 16. Proof of identity & residential address of nominee;   | Attach |
| 17. Proof of identity and address of Applicant I;   | Attach |
| 18. Proof of identity and address of Applicant II;  | Attach |

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19. Proof of identity and address of Applicant III;  
20. Optional attachment(s), (if any)

Attach  
Attach

Remove attachment

### Declaration

- \*I have gone through the provisions of the Companies Act, 2013, the rules thereunder and prescribed guidelines framed thereunder in respect of reservation of name, understood the meaning thereof and the proposed name is in conformity thereof.
- \*I have used the search facilities available on the portal of the Ministry of Corporate Affairs (MCA) for checking the resemblance of the proposed name with the companies and Limited Liability partnerships (LLPs) respectively already registered or the names already approved. I have also used the search facility for checking the resemblances of the proposed name with registered trademarks and trade mark subject of an application under the Trade Marks Act, 1999 and other relevant search for checking the resemblance of the proposed name to satisfy myself with the compliance of the provisions of the Act for resemblance of name and Rules thereof.
- \*The proposed name is not in violation of the provisions of Emblems and Names (Prevention of Improper Use) Act, 1950 as amended from time to time.
- \*The proposed name is not offensive to any section of people, e.g. proposed name does not contain profanity or words or phrases that are generally considered a slur against an ethnic group, religion, gender or heredity.
- \*The proposed name is not such that its use by the company will constitute an offence under any law for the time being in force.
- \*I undertake to be fully responsible for the consequences in case the name is subsequently found to be in contravention of the provisions of section 4(2) and section 4(4) of the Companies Act, 2013 and rules thereto and I have also gone through and understood the provisions of section 4(5) (ii) (a) and (b) of the Companies Act, 2013 and rules thereunder and fully declare myself responsible for the consequences thereof.
- \*I , a person named in the articles as a director of the company has been duly authorized by the promoters of the company to sign this form and declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect of Director Identification Number (DIN), 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.
- \*I am authorised by each subscriber to declare that company shall not commence its business, unless each subscriber has paid the value of the shares agreed to be taken by him at the time of subscribing to the Memorandum of Association;
- I further declare that, company shall not commence its business, unless all the required approval from the sectoral Regulators such as RBI, SEBI etc. have been obtained;
- I on behalf of the promoters and the first directors, hereby declare that the registered office is capable of receiving and acknowledging all communications and notices addressed to the proposed company on incorporation, shall be maintained at the given address at item no. 4 of this form;
- \*I, on behalf of all the first director(s) named in the Articles of Association of the proposed company, solemnly declare, that the declaration given herein as stated above are true to the best of my knowledge and belief, the information given in this integrated application form for incorporation and attachments thereto are correct and complete, and nothing relevant to this form has been suppressed. All the required attachments have been completely, correctly and legibly attached to this form and are as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.
- I, on behalf of the proposed Directors whose particulars for allotment of DIN are filled as above, hereby confirm and declare that they are not restrained, disqualified, removed for being appointed as Director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013,

and I further declare that I have read and understood the provisions of Sections 154, 155, 447 and 448 read with Sections 449, 450 and 451 of the Companies Act, 2013.

\* [redacted],  
[redacted]  
having Membership number [redacted] and/or certificate of practice number [redacted]  
has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

**Note: Attention is drawn to the provisions of sections 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.**

\*To be digitally signed by director

DSC BOX

\*DIN / PAN

### Declaration and Certification by Professional

I [redacted],  
member of [redacted]  
having office at \*

[redacted]

Who is engaged in the formation of the company declare that I have been duly engaged for the purpose of certification of this form. It is hereby also certified that I have gone through the provisions of the Companies Act, 2013 and rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

- (i) the draft memorandum and articles of association have been drawn up in conformity with the provisions of sections 4 and 5 and rules made thereunder; and
- (ii) all the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the company under section 7 of the Act and matters precedent or incidental thereto have been complied with. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;
- (iii) I have opened all the attachments to this form and have verified these to be as per requirements, complete and legible;
- (iv) I further declare that I have personally visited the proposed registered office given in the form at the address mentioned herein above and verified that the said proposed registered office of the company is functioning for the business purposes of the company (wherever applicable in respect of the proposed registered office has been given).
- (v) It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

Chartered accountant (in whole-time practice) or  Cost accountant (in whole-time practice) or

Company secretary (in whole-time practice)  Advocate

\*Whether associate or fellow  Associate  Fellow

\* Membership number

Certificate of practice number

\*Income-tax PAN

Check Form

Prescrutiny

Class

For office use only:

Authorising officer

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)