

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]



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	<input type="text"/>	<input type="button" value="Pre-fill"/>
2. (a) Name of the company <input type="text"/>		
(b) Type of Company is	<input type="text"/>	(c) Class of Company <input type="text"/>
(d) Category	<input type="text"/>	(e) Sub category <input type="text"/>
(f) Section 8 licence number	<input type="text"/>	
(g) Company is <input type="radio"/> Having share capital <input type="radio"/> Not having share capital		
3. (a) Name of the state/Union territory in which the company is to be registered	<input type="text"/>	
(b) Name of office of the Registrar of Companies in which the company is to be registered	<input type="text"/>	
(c) *Whether the address for correspondence will be the address of Registered office of the Company <input type="radio"/> Yes <input type="radio"/> 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"/>	
* State/Union Territory	<input type="text"/>	
* District	<input type="text"/>	* PinCode <input type="text"/>
ISO Country Code	<input type="text"/>	
Country	<input type="text"/>	
* Phone(with STD code) +91 -	<input type="text"/>	- <input type="text"/>
Fax	<input type="text"/>	
* email ID of the company	<input type="text"/>	
5. * Main division of industrial activity of the company <input type="text"/>		
Description of the main division <input type="text"/>		
6. * (a) Whether the proposed company shall be conducting any activities which require approval from any sectoral regulator (Like RBI in case of NBFI and Banking activities) to commence such activities <input type="radio"/> Yes <input type="radio"/> No		
7. * Enter the number of promoters (first subscribers to the Memorandum of Association (MOA)) <input type="text"/>		

Particulars of Promoters (first subscribers to the MOA)

I	* Category	<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

* ☐ Father's name ☐ Mother's name ☐ Spouse's name

* Nationality

* Date of Birth

* Gender ☐ Male ☐ Female ☐ Transgender

* Place of Birth (District & State)

* Occupation Type ☐ Self Employed ☐ Professional ☐ Homemaker ☐ Student ☐ Serviceman

* Area of Occupation

* Educational qualification

* Name of the entity

* Income tax permanent Account Number (PAN)

Permanent Address/Registered address /Principal place of business

* Line I

Line II

* City

* State/Union Territory * Pin code

* ISO Country code

* Country

* Phone(With STD/ISD code) - Fax

Mobile

* email id

* Whether present address is same as the permanent address ☐ Yes ☒ No

Present Address

* Line I

Line II

* City

* State/Union Territory

* ISO Country code * Pin code

Country

* Phone(With STD/ISD code) -

Mobile

Fax

* 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

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)

Director <input type="checkbox"/>	Promoter <input type="checkbox"/>	CIN <input style="width: 95%;" type="text"/>
Name of the company <input style="width: 95%;" type="text"/>		
Director <input type="checkbox"/>	Promoter <input type="checkbox"/>	CIN <input style="width: 95%;" type="text"/>
Name of the company <input style="width: 95%;" type="text"/>		
Director <input type="checkbox"/>	Promoter <input type="checkbox"/>	CIN <input style="width: 95%;" type="text"/>
		<input type="button" value="Pre-fill all"/>
Name of the company <input style="width: 95%;" type="text"/>		
*Number of shares subscribed <input style="width: 80%;" type="text"/>		*Total amount of shares subscribed(in Rs.) <input style="width: 80%;" type="text"/>
*Particulars of authorised person		
(a) Name of the authorised person <input style="width: 95%;" 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: 80%;" type="text"/>		(e) Date of Birth <input style="width: 80%;" type="text"/>
(f) Phone (With STD/ISD code) <input style="width: 80%;" type="text"/>		- <input style="width: 80%;" type="text"/>
(g) email ID <input style="width: 95%;" 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

(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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form INC-7	Memorandum of association	Articles of association	Others
				<input style="width: 95%;" type="text"/>
Total amount of stamp duty paid (in Rs.)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mode of payment of stamp duty	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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				

10. 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.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Information specific to TAN

Area code			AO type		Range code			AO No.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Source of Income

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

Business/Profession code

11. 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

** 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

List of 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

Remove attachment

6)*Specimen signature in Form No. INC-10

Attach

10) NOC in case there is change in the promoters (first subscribers to Memorandum of Association)

Attach

15) Optional attachment, if any

Attach

Declaration

I
a person named in the articles as a * 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. I have opened all the attachments to this Form and have verified these to be as per requirements, complete and legible;

3.* , a/an *
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.

4. I , the applicant, in the capacity of
do hereby declare that what is stated above is true to the best of my information and belief.

To be digitally signed by

* Designation

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 eStamp and 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)