

4. In the principal rules, for form No.INC-32, the following form shall be substituted, namely:-

[Pursuant to sections 4, 7, 12, 152 and 153 of the Companies Act, 2013 read with rules made thereunder] – FORM NO. INC-32

SPICE

(Simplified Proforma for Incorporating Company Electronically)

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
- (f) Section 8 license number

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

Description of the main division

- (b) Whether Articles of Association is entrenched ☐ Yes ☐ No

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"/> |
| | <input type="text"/> |

| | | | |
|--------------------------|--|---------|--|
| *City | | | |
| *State/Union Territory | | In code | |
| *District | | | |
| *Phone (with STD code) | | | |
| Fax | | | |
| *email ID of the company | | | |

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

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

| | | |
|--------|---|---------------------------------|
| (a)(i) | *Whether name is already approved by Registrar of Companies o Yes o No | |
| | SRN of form INC-1 | <div></div> <div>Pre-Fill</div> |
| (ii) | Proposed or approved name | |
| | Significance of abbreviated or coined word in the proposed name | |
| | State the name of the vernacular language(s) if used in the proposed name and meaning thereof | |

5. *Particulars of the proposed or approved name

| | | |
|-----|--|---|
| (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 | <div>o Yes o No</div> <div>o Yes o No</div> |
| | (ii) *Whether the proposed name including the phrase ‘Electoral trust’ | <div>o Yes o No</div> |
| | (iii) *Whether the proposed name(s) contain such word or expression for which the previous approval of Central Government is required | <div>o Yes o No</div> |
| | (iv) *Whether approval from any sectoral regulator is required | <div>o Yes o No</div> |
| | (v) Whether the name is similar to o Existing Indian Company o 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 <div></div> <div>Pre-fill</div> Name of the Company <div></div> | |

(c) (i) *Whether the proposed name is based on a trademark registered or is subject matter of an application pending for registration under the Trade Marks Act o Yes o 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

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

| | Having valid DIN | Not having valid DIN |
|--|------------------|----------------------|
| Total number of first subscribers (non-individual + individual) | | |
| Number of non-individual first subscriber(s) | | |
| Number of individual first subscriber(s) cum director(s) | | |
| Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3) | | |

(b) *Particulars of non-individual first subscriber(s)

*Category

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

Pre-Fill

*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

PAN

Passport number

Verify Details

Aadhaar number

*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 | | |

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

I

*Director Identification number (DIN)

Pre-Fill

*Name

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

I

*First Name

Middle Name

*Surname

*Father's first name

Father's middle name

*Father's surname

*Gender

*Date of Birth

ationality

*Place of Birth

*Occupation type

☐ Self Employed

☐ Professional

☐ Homemaker

☐ Student

☐ Serviceman

*Area of Occupation

If 'Others' selected, please specify

*Educational Qualification

*☐ PAN

☐ Passport number

Verify Details

Aadhaar 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

ountry

*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 | | |

(d) *Particulars of individual first subscriber(s) cum directors

I

*Director Identification number (DIN)

Pre-Fill

*Name

*Gender

Date of Birth

ationality

*Designation

tegory

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 to mention if such entity is having CIN/FCRN/LLPIN)

*Registration number

*Name

*Address

Nature of interest

*Designation

Percentage of Shareholding Amount

Others (specify)

I

*First Name

Middle Name

*Surname

*Father's first name

Father's middle name

*Father's surname

*Gender

*Date of Birth

ationality

*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

Verify Details

*Designation

tegory

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

*Name

*Address

Nature of interest

*Designation

Percentage of Shareholding

Amount

Others (specify)

(e) *Particulars of directors (other than first subscribers)

I

*Director Identification number (DIN)

Pre-Fill

*Name

*Gender

Date of Birth

ationality

*Designation

tegory

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 | | |
| *Name | | |
| *Address | | |
| Nature of interest | *Designation | |
| | Percentage of Shareholding | Amount |
| | Others (specify) | |

I

| | | |
|---|--|----------------|
| *First Name | | |
| Middle Name | | |
| *Surname | | |
| *Father's first name | | |
| Father's middle name | | |
| *Father's surname | | |
| *Gender | | *Date of Birth |
| | | ationality |
| *Place of Birth | | |
| *Whether citizen of India | | o Yes o No |
| *Whether resident in India | | o Yes o No |
| *Occupation type o Self Employed o Professional o Homemaker o Student o Serviceman | | |
| *Area of Occupation | | |
| If 'Others' selected, please specify | | |
| *Educational Qualification | | |
| * <input type="checkbox"/> PAN <input type="checkbox"/> Passport number | | |
| | | Verify Details |
| *Designation | | egory |
| Whether <input type="checkbox"/> Chairman <input type="checkbox"/> Executive director <input type="checkbox"/> 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 o Yes o 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 | | | | |
| *Name | | | | |
| *Address | | | | |
| Nature of interest | *Designation | | | |
| | Percentage of Shareholding | | Amount | |
| | Others (specify) | | | |

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 | | | | | |
| Middle Name | | | | | |
| *Surname | | | | | |
| *Father's First Name | | | | | |
| Father's Middle Name | | | | | |
| *Father's Surname | | | | | |
| *Gender | | *Date of Birth | | Nationality | |
| *Income- tax PAN | | Verify Details | | | |
| Aadhaar number | | | | | |
| *Place of Birth (District & State) | | | | | |
| *Occupation type | | | | | |
| *Area of Occupation | | | | | |
| *Educational qualification | | | | | |
| Permanent Address | | | | | |
| *Line I | | | | | |
| Line II | | | | | |
| *City | | | | | |
| *State /Union Territory | | *Pin code | | | |

| Type of document/ Particulars | Form | Memorandum of association | Articles of association | Others |
|--|------|------------------------------|----------------------------|--------|
| | | | | |
| Total amount of stamp duty paid (in Rs.) | | | | |
| Mode of payment of stamp duty | | | | |
| 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 | | | | |