

"[Pursuant to sections 4, 7, 8(1), 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
Plus)

PART – A

1. (a) Type of Company
LLPIN
(b) Class of Company
(c) Category of Company
(d) Sub-category of Company

2. Main division of industrial activity of the company
Description of the main division

3. Particulars of the proposed or approved name

i.	
ii	

PART - B

II. Structure of the Company

4. Whether Articles of Association is entrenched o Yes o 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

5. *Company is ☐ Having share capital ☐ Not having share capital

6. *Capital structure of the company

Total authorized share capital (in Rupees)

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

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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)	

III. Address of the Company

7. (a) *Correspondence address

*Line I			
Line II			
*City			
*State/Union Territory		* Pin 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

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IV. Subscriber and Directors Details

8. (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

*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

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-

*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 *Nationality

*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

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 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		

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

I *Director Identification number (DIN) Pre-

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

*Registration number

*Name

*Address

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

*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		
*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

*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

*Name

*Address

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

1

*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"/>

V. OPC Nomination

9. (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

*ISO Country code

Country

*Phone (With STD/ISD code)

Mobile

Fax

*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

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

10. 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				

VII. PAN/ TAN Information

11. *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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VII. Attachments

Attachments

- *Memorandum of association;
- *Articles of Association;
- Declaration by first subscriber(s) and director(s)
(Affidavit is not required to be attached);
- Proof of Office address (Conveyance/ Lease deed/Rent Agreement along with rent receipts);
- Copy of the utility bills (not older than two months);
- Copy of certificate of incorporation of the foreign body corporate and resolution passed by foreign company or authority given through constitutional document;
- Resolution passed by promoter company;
- Interest of first director(s) in other entities;
- Consent of Nominee (INC-3);
- Proof of identity & residential address of subscribers;
- Proof of identity & residential address of nominee;
- Proof of identity and address of Applicant I;
- Proof of identity and address of Applicant II;
- Proof of identity and address of Applicant III;
- Resolution of unregistered companies in case of Chapter XXI (Part I) companies
- Declaration in Form No. INC-14
- Declaration in Form No. INC-15
- Optional attachment(s), (if any)
- Attachment – Part A

Attach

Attach

Attach

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List of attachments

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VIII. Declaration

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 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 7 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.
- ☐ * ,

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.

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

IX. Declaration and Certification by Professional

Declaration and Certification by Professional

I

member of
having office at *

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 premises of 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 will be 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

Signature

Check Form

Prescrutiny

Submit

For office use only:

Amx 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)