

स्थान
 दिनांक
 पदनाम निदेशक

***निदेशक (जिसने स्पाइस+प्ररूप पर हस्ताक्षर किए हैं) द्वारा डिजीटल रूप से हस्ताक्षर किए जाएं**

***डीआईएन/पैन (डीएससी बॉक्स)**

(एजीआईएलई-प्रो प्ररूप पर हस्ताक्षर करने वाले प्राधिकृत हस्ताक्षरकर्ता/मूल स्वामी/पदधारी अपना स्थायी खाता संख्या उपलब्ध कराएंगे)

(उपांतरित करें) (प्ररूप की जांच करें) (पूर्व संवीक्षा) (प्रस्तुत करें)

[फा. सं. 1/13/2013-सीएल-V-खंड.IV]

के.वी.आर. मूर्ति, संयुक्त सचिव

टिप्पणी : मूल नियम भारत के राजपत्र, असाधारण, भाग-II, खंड-3, उप-खंड (i) में दिनांक 31 मार्च, 2014 की अधिसूचना संख्या सा.का.नि. 250(अ) के तहत प्रकाशित किए गए थे और 5 मार्च, 2021 की अधिसूचना संख्या सा.का.नि. 158(अ) के तहत पिछली बार संशोधन किया गया था।

MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, the 7th June, 2021

G.S.R. 392(E).—In exercise of the powers conferred by sub-sections (1) and (2) of section 469 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (Incorporation) Rules, 2014, namely:-

1. (1) These rules may be called the Companies (Incorporation) Fourth Amendment Rules, 2021.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Companies (Incorporation) Rules, 2014 (hereinafter referred to as the said rules), in rule 38A,-

(i) in the marginal heading, for the words, “and Opening of Bank Account”, the words, “Opening of Bank Account and Shops and Establishment Registration”, shall be substituted;

(ii) in the opening portion, for the letters “AGILE-PRO”, the letters “AGILE-PRO-S” shall be substituted;

(iii) for clauses “(c) and (d)” relating to “Profession Tax Registration and Opening of Bank Account”, the following clauses shall be substituted, namely:-

“(d) Profession Tax Registration with effect from the 23rd February, 2020;

(e) Opening Bank Account with effect from the 23rd February, 2020;

(f) Shops and Establishment Registration.”.

3. in the Annexure to the said rules, for the e-Form No.INC-35, the following form shall be substituted, namely:-

“FORM NO. INC-35**AGILE-PRO-S**

[Pursuant to rule 38A of the Companies (Incorporation) Rules, 2014]

(**A**pplication for **G**oods and services tax Identification number , employees state **I**nsurance corporation registration **pLus** **E**mployees provident fund organization registration, **P**rofession tax **R**egistration, **O**pening of bank account and **S**hops and Establishment Registration)

(This AGILE-PRO form is part of SPICe+ form for GSTIN / EPFO / ESIC/ Profession Tax/ Bank Account/Shops and Establishment Registration)

*Name of the company

1. * Do you want to apply for GSTIN

☐ Yes

☐ No

2. * State (Same as entered in SPICe+)

3. * District (Same as entered in SPICe+)

4. * State Jurisdiction

* Sector / Circle / Ward /Charge / Unit

5. * Center Jurisdiction

Commissionerate

Division

Range

Voluntary

6. * Reason to Obtain Registration

7. *Whether The Establishment On Lease ☐ Yes ☐ No

* Leased From Date To Date

(a). * Nature of possession of premises

(b) * Proof of Principal Place of Business

(c) * Whether the building/premises of Establishment.is owned or hired.

* If hired or there is a change in the name of Unit/ownership, please indicate

* Leased From Date To Date

8. * Option for Composition ☐ Yes ☐ No

a) Composition Declaration

☐ I hereby declare that aforesaid business shall abide by the conditions and restrictions specified in the Act or Rules for opting to pay tax under the composition levy.

b) Category of Registered Person

☐ Manufacturer of non-notified goods

☐ Supplier of food and non-alcoholic drinks

☐ Any other eligible supplier

9. * Nature of Business Activity being carried out at above mentioned Premises (Please tick applicable)

Factory / Manufacturing	<input type="checkbox"/>	Wholesale Business	<input type="checkbox"/>	Retail Business	<input type="checkbox"/>
Warehouse/Depot	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplier of services	<input type="checkbox"/>
Office/Sale Office	<input type="checkbox"/>	Leasing Business	<input type="checkbox"/>	Recipient of goods or services	<input type="checkbox"/>
EOU/ STP/ EHTP	<input type="checkbox"/>	Works Contract	<input type="checkbox"/>	Export	<input type="checkbox"/>
Import	<input type="checkbox"/>	Others (specify), If others, please specify _____	<input type="checkbox"/>		

(A) * Primary Business Activity

*If Others selected, please specify

(B) * Exact nature of work / business

* Work Sub-category

* Nature of work business

10. *Details of the Goods supplied by the Business

HSN Code (Four digit)

Description of Goods

Prefill

11. *Details of Services supplied by the Business.

Service Accounting Code

Pre-fill

Description of Services

12. Directors / Primary Owners / Office Bearer/ Authorised Signatory for Banks and Profession Tax Details*(Minimum number of directors to be entered for OPC shall be 1, 2 in case of private company, 3 in case of public limited company and 5 in case of Producer Company)*

Number of Director details to be entered

(A) *Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

* ☐ Directors Identification Number (DIN) ☐ Permanent Account Number (PAN)

*DIN

Pre-fill

Photograph

*PAN

*First Name

Middle Name

*Last Name

Attach
PhotographRemove
Photograph

*Personal Mobile Number	<input type="text" value="+91"/>	<input type="text"/>	Send OTP
*Personal Email Id	<input type="text"/>		
*Enter OTP for Mobile Number	<input type="text"/>		Verify OTP
*Enter OTP for Email Id	<input type="text"/>		

Do you wish to perform Aadhaar authentication for GSTN registration ☐ Yes ☐ No

(B) *Director Details other than Authorised Signatory / Primary Owner / Office Bearer

* ☐ Directors Identification Number ☐ Permanent Account Number / Passport Number (in case of foreign national)

*DIN	<input type="text"/>	Pre-fill	Photograph <input type="text"/>
*PAN / Passport Number	<input type="text"/>		
*First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
*Last Name	<input type="text"/>	Attach Photograph	Remove Photograph
*Personal Mobile Number	<input type="text"/>		
*Personal Email ID	<input type="text"/>		

13. * Police Station

14. * Employer's Particulars

* Select Appropriate Branch Office

* Select Inspection Office

15. *Bank Particulars

* Select Bank Name

16. Details for Shops and Establishment Registration

Whether registration is required under Shops and Establishment Act ☐ Yes ☐ No

1. Category of Establishment

2. Nature of Business

Attachments

1. *Proof of Principal place of business

Attach

2. *Proof of appointment of Authorized Signatory for GSTN

Attach

(Either of the following document can be attached.*Letter of Authorisation/ Copy of Resolution passed by BoD**/ Managing Committee and Acceptance letter)*

3. *Proof of Identity of Authorized Signatory for opening

Attach

Bank Account

4. *Proof of Address of Authorized Signatory for opening

Attach

Bank Account

5. *Specimen Signature of Authorized Signatory for EPFO

Attach

Remove attachment

GST Declaration (By Authorized Signatory)

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

***ESIC Declaration (By Office Bearer)**

☐ I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporation as soon as such change takes place.

Profession Tax Declaration

☐ The above information is true to the best of my knowledge and belief

***EPFO Declaration (By Primary Owner)**

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

***Bank Declaration (By Authorized Signatory)**

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

I authorize Bank and its officials to contact me/us on phone/ email/ sms for the purpose of opening of bank account.

I understand that the bank account number generated through this process will be shared with MCA by the banks.

I/we undertake to complete all documentary requirements as per bank KYC norms before activation of the account.

***Shops and Establishment (Delhi) Declaration (By Primary Owner)**

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

Place

Date

Designation

***To be digitally signed by director (who has signed the SPICe+ form)**

* DIN/PAN

DSC BOX

(Authorized Signatory / Primary Owner / Office Bearer signing the AGILE-PRO form shall provide his Permanent Account Number)

Modify

Check Form

Prescrutiny

Submit

”

[F. No. 1/13/2013 CL-V, Vol.IV]

K.V.R. MURTY, Jt. Secy.

Note : The principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), *vide* number G.S.R. 250(E), dated the 31st March, 2014 and last amended *vide* number G.S.R.158 (E), dated the 5th March, 2021.