

“Form No. FC-1

Information to be filed by foreign company

[Pursuant to section 380(1)(h) of the Companies Act 2013, and rule 3(3) of Companies (Registration of Foreign Companies) Rules, 2014]



Form language

☒ English

☐ Hindi

Refer instruction kit for filing the form.

*All fields marked in * are mandatory*

Company's Details

1 (a) *Name of the foreign company

(b) Registration Number (for the parent entity)

2 (a) Full address of registered or principal office of foreign company

*Address Line 1

Address Line 2

*Country

* Zip Code

*Area/ Locality

*City

District

*State/UT

*Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

*Email ID of the foreign company

(b) *Is the Country Part of Hague Convention

☐ Yes☐ No**3 Principal place of business in India**

(a) *Date of establishment of Principal place of business in India (DD/MM/YYYY)

(b) *Type of office

(Liaison office/Branch office/ Project office/Other office)

(b) (i) If others, then provide details

(c) Address of the principal place of business in India

*Address Line 1

Address Line 2

*Country

*Pin code

*Area/ Locality

*City

*District

*State/ UT

*Telephone Number with STD/ISD code

Fax Number (with STD/ISD code)

*Email ID of the foreign company

Search and select industry sub-class (NIC Codes)

(d) *Main division of business activity to be carried out in India (based on relevant sub class and description given in NIC-2008)

(e) *Description of the main division

4 Details of other places of business in India (if any)

(a) *Are any other places of business established in India

☐ Yes

☐ No

(b) Number of such other places of business in India

(c) Date of establishment (DD/MM/YYYY)

(d) Type of Office

(Liaison office/Branch office/Project office/Other office)

(d)(i) If others, specify

(e) Address

Address Line 1

Address Line 2

Country

Pin code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

(Fax Number (with STD/ISD code)

Email ID of the foreign company

(f) Business activities to be carried out at such other place

5 Particulars of place(s) of business in India established on any earlier occasion(s) other than above (if any)

(a) *Number of such places	<input type="text"/>
(b) *Foreign Company Registration Number (FCRN) of such place	<input type="text"/>
(c) *Date of establishment (DD/MM/YYYY)	<input type="text"/>
(d) *Type of Office (<i>Liaison office/ Branch office/Project office/Other office</i>)	<input type="text"/> ▼
(d)(i) If others, specify	<input type="text"/>

(e) Address	<input type="text"/>
*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/> ▼
*Pin code	<input type="text"/>
*Area/ Locality	<input type="text"/> ▼
*City	<input type="text"/>
District	<input type="text"/>
*State/ UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
*Email ID	<input type="text"/>
(f) *Date of closure of such place of business (DD/MM/YYYY)	<input type="text"/>
(g) Business activities to be carried out at such place	<input type="text"/>

6 Details of the one or more person(s) resident in India and authorised to accept on behalf of the foreign company service of process and any notices or other documents required to be served on the foreign company –

(a)* Number of persons authorised

Particulars of the authorised person

(b) *Do you have Director Identification Number (DIN)?

☐ Yes ☐ No

(b) (i) If Yes, please enter the DIN details

(c) Do you want to fetch the details from Digilocker?

Fetch from Digilocker

(d) *First Name

(e) Middle Name

(f) *Last Name

(g) Any former name or names and surname or surnames in full

(h) *Please provide one

☐

Father's Name

☐

Mother's Name

☐

Spouse's Name

(i) *First Name

(j) Middle Name

(k) *Last Name

(l) *Date of Birth (DD/MM/YYYY)

(m) *Nationality

(n) If the present nationality is not the nationality of origin, then specify the nationality of origin

(o) *Occupation type

(Business/Professional/Service man/Housewife/Student/Others)

(o)(i) Area of Occupation

(o)(ii) If 'Others' selected, please specify

(p) *Designation

(q) *Income tax Permanent Account number (Income-tax PAN)

Verify PAN

(r) Membership number (In case of Secretary)

(s) *Number of passports

(t) Passport Number

(u) Date of issue (DD/MM/YYYY)

(v) Issue Country

7 Permanent Address

*Address Line 1

Address Line 2

*Country	<input type="text"/>
*Pin code / Zip Code	<input type="text"/>
*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
*Email ID	<input type="text"/>

8 *Whether present residential address same as permanent residential address

☐ Yes ☐ No

(a) Present Address

*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin code/Zip Code	<input type="text"/>
*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

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(f)(ii) Residential proof

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9 *Whether the person authorised has been appointed through power of attorney or by passing the resolution

☐ Power of Attorney ☐ Special Resolution

10 Details of Directors and Secretary of the Foreign Company

*Number of Directors and Secretary

11 Particulars of the director and secretary

(a) *Designation
Secretary☐ Director ☐

(b) *Do you have Director Identification Number (DIN)?

☐ Yes ☐ No

(c) If Yes, please enter the DIN details

(d) Do you want to fetch the details from Digilocker?

Fetch from Digilocker

(e) *First Name

(f) Middle Name

(g) *Last Name

(h) Any former name or names and surname or surnames in full

(i) *Please provide one

☐ Father's Name☐ Mother's Name☐ Spouse's Name

(j) *First Name

(k) Middle Name

(l) *Last Name

(m) *Date of Birth (DD/MM/YYYY)

(n) *Nationality

(o) If the present nationality is not the nationality of origin, then specify the nationality of origin

(p) *Occupation type

(Business/ Professional/ Serviceman/Housewife/ Student/ Others)

(p)(i) Area of Occupation

(p)(ii) If 'Others' selected, please specify

(q) Income tax Permanent Account number (Income-tax PAN)

Verify PAN

(r) Membership number (In case of Secretary)

(s) *Number of passports

(t) Passport Number

(u) Date of issue (DD/MM/YYYY)

(v) Issue Country

12 Permanent Address

*Address Line 1

Address Line 2

*Country

*Pin code / Zip Code

*Area/ Locality

*City

District

*State/UT

*Telephone number (with STD/ISD code)

Fax Number (with STD/ISD code)

*Email ID

13 Whether present residential address same as permanent residential address☐ Yes☐ No**(a) *Present Address**

*Address Line 1

Address Line 2

*Country

*Pin code/Zip code

*Area/ Locality

*City

District

*State/ UT

*Telephone number (with STD/ISD code)

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

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(f)(ii) Residential proof

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14 Declaration of other directorship or directorships held by him

(a) Number of entities

(b) *CIN/LLPIN/FCRN/Registration number

(c) *Name

(d) *Address

15 Details of the permission obtained from any Authority

(a) * Number of authorities from whom approvals taken

(b) Name of the Authority

(c) Date of obtaining the approval order (DD/MM/YYYY)

(d) Order number

(e) Validity

Fixed

☐

Unlimited

☐

(f) Date (DD/MM/YYYY)

16 (a) *Whether the parent company is in operation at the time of making this application

Yes ☐

No ☐

(b) *Whether there is any winding up proceedings pending against the parent company

☐ Yes

☐ No

(b)(i) If yes, mention details

17 Details of subsidiary, holding or associate companies in India of the foreign company or of any subsidiary or holding company of such foreign company or of any firm in India in which such foreign company or its holding or subsidiary company is a partner

(a) *Number of such entities

Particulars of such entities

CIN/FCRN/LLPIN/Other registration number	Name of such entity	Whether the entity is <input type="checkbox"/>
		<i>(Subsidiary of the foreign company/ Holding of the foreign company/ Associate of the foreign company/ Subsidiary of any subsidiary/holding company of such foreign company/ holding of any subsidiary/ holding company of such foreign company/ associate of any subsidiary/holding company of such foreign company/ Firm in India in which such foreign company or its holding or subsidiary company is a partner)</i>

18 Details of the persons, firms or companies in India which shall be deemed to be the 'related party', within the meaning of clause 76 of section 2 of the Act or Indian Accounting Standard 18, of the foreign company or of any subsidiary or holding company of such foreign company or of any firm in which such foreign company or its subsidiary or holding company is a partner.

(a) *Number of related Parties

Particulars of related parties

DIN/PAN/CIN/FCRN/LLPIN/Other Registration number	Name of such related parties	Whether the related party is <input type="checkbox"/>
		<i>(Related party to the foreign company/ Related party to any subsidiary/holding company of such foreign company/ Related party to any firm in which such foreign company or its subsidiary/holding company is partner)</i>

19 (a) *Whether the company is falling under section 379 (2) of the Companies Act, 2013

☐ Yes☐

No

(a)(i) If yes, specify the number of such persons covered under section 379

20 Particulars of such person(s)

*Category

(Citizen of India/Companies incorporated in India/Body Corporates incorporated in India)

21 Details of the person

- (a) *Do you have Director Identification Number (DIN)? ☐ Yes ☐ No
- (a)(i) If Yes, please enter the DIN details
- (b) Do you want to fetch the details from Digilocker?
- (c) *First Name
- (d) Middle Name
- (e) *Last Name
- (f) Any former name or names and surname or surnames in full
- (g) *Please provide one ☐ Father's Name ☐ Mother's Name ☐ Spouse's Name
- (h) *First Name
- (i) Middle Name
- (j) *Last Name
- (k) *Date of Birth (DD/MM/YYYY)
- (l) *Nationality ▼
- (m) If the present nationality is not the nationality of origin, then specify the nationality of origin ▼
- (n) *Occupation type ▼
(Business/ Professional/ Serviceman/Housewife/Student/ Others)
- (n)(i) Area of Occupation ▼
- (n)(ii) If 'Others' selected, please specify
- (o) *Educational qualification ▼
(X/SSLC/Junior/Equivalent, XII/SSC/High/Equivalent, Graduation/Bachelor/Equivalent, Post Graduate/Master/Equivalent, Professional, Executive Program, Doctorate, Diploma, Others)
- (p) Income tax Permanent Account number (Income-tax PAN)

22 Permanent Address

- *Address Line 1
- Address Line 2
- *Country ▼
- *Pin code / Zip Code

*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
*Email ID	<input type="text"/>

23 *Whether present residential address same as permanent residential address

☐ Yes ☐ No

(a) Present Address

*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin code/Zip Code	<input type="text"/>
*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

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(f)(ii) Residential proof

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24 Details of Companies / Body Corporate

(a) *CIN/LLPIN/Other Registration Number	<input type="text"/>
(b) *Name of the company/body corporate	<input type="text"/>
*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/> ▼
*Pin code / Zip Code	<input type="text"/>
*Area/ Locality	<input type="text"/> ▼
*City	<input type="text"/>
District	<input type="text"/>
*State/ UT	<input type="text"/>
*Telephone number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
*Email ID	<input type="text"/>

25 Particulars of payment of stamp duty (Refer instruction kit for details before filling the particulars)

(a) State or UT in respect of which stamp duty is paid or to be paid on foreign executed power of attorney	<input type="text"/>
(b) *Whether stamp duty is to be paid electronically through MCA21 system (Yes/No/Not Applicable)	<input type="text"/> ▼
(c) Details of stamp duty to be paid	
(c)(i) *Amount of stamp duty to be paid	<input type="text"/>

Provide details of stamp duty already paid**Type of document/ Particulars**

*Total amount of stamp duty paid (in INR)	*Mode of payment of stamp duty ▼ (Manual/Electronic)	*Name of the office of the collector of stamps or prescribed authority for stamping in foreign executed documents as per Rule 18 of the Indian	*Serial number of embossing or stamps or treasury Challan number	*Date of payment of stamp duty (DD/MM/YYYY)	Place of payment of stamp duty

		Stamp Act			

Attachments

- (a) *Certified copy of the charter, statutes, or memorandum and articles of the company or other instrument constituting or defining the constitution of the company

Max 2 MB

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- (b) *Power of attorney or board resolution in favour of the authorised representative(s)

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- (c) *Copy of approval / intimation filed with requisite Authority(s)/Regulator(s);

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- (d) *Copy of PAN/ Passport for Authorised Representative

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- (e) Optional Attachment(s), if any

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Declaration

I* the authorised representative of the company, hereby certify that I am authorised by the Board of Directors of the Company vide resolution number * Dated (DD/MM/YYYY) to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with.

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. None of the directors or the authorised representative in India has ever been convicted or debarred from formation of companies and management in India or abroad.
3. All the required attachments have been completely, correctly and legibly attached to this Form.

*** To be digitally signed by:**

DSC Box

* Name of authorised representative

* Income Tax PAN of the Authorised representative

Save

Submit

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement/certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby registered

DSC Box

Date of signing (DD/MM/YYYY)