

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 comp

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	<input type="text"/>
(b) Maximum number of members excluding proposed employees	<input type="text"/>
(c) Number of members	<input type="text"/>
(d) Number of members excluding proposed employee(s)	<input type="text"/>

4. (a) *Correspondence address

*Line I

Line II

*City	
*State/Union Territory	<input type="text"/> In code <input type="text"/>
*District	<input type="text"/>
*Phone (with STD code)	<input type="text"/> <input type="text"/>
Fax	<input type="text"/>
*email ID of the company	<input type="text"/>

(b) *Whether the address for correspondence is the address of registered office of the company Yes 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 <input type="radio"/> Yes <input type="radio"/> No	
	SRN of form INC-1	<input type="text"/> Pre-Fill
(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	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
	(ii) *Whether the proposed name including the phrase 'Electoral trust'	<input type="radio"/> Yes <input type="radio"/> No
	(iii) *Whether the proposed name(s) contain such word or expression for which the previous approval of Central Government is required	<input type="radio"/> Yes <input type="radio"/> No
	(iv) *Whether approval from any sectoral regulator is required	<input type="radio"/> Yes <input type="radio"/> No
	(v) Whether the name is similar to <input type="radio"/> Existing Indian Company <input type="radio"/> 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 <input type="text"/> Pre-fill	
	Name of the Company <input type="text"/>	

(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 Yes 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	<input type="text"/>	*Corporate identity number(CIN) or foreign company registration number(FCRN) or any other registration number	<input type="text"/>	<input type="button" value="Pre-Fill"/>
*Name of the body corporate <input type="text"/>				
Registered office address or Principal place of business in India or Principal place of business outside India				
*Line I	<input type="text"/>			
Line II	<input type="text"/>			
*City	<input type="text"/>			
*State /Union Territory	<input type="text"/>	*Pin code	<input type="text"/>	
*ISO Country code	<input type="text"/>	<input type="text"/>		
Country	<input type="text"/>			
*Phone (With STD/ISD code)	<input type="text"/>	-	<input type="text"/>	
Fax	<input type="text"/>			
*email id	<input type="text"/>			
Particulars of the authorised person				
*First Name	<input type="text"/>			
Middle Name	<input type="text"/>			
*Surname	<input type="text"/>			
*Father's First Name	<input type="text"/>			
Father's Middle Name	<input type="text"/>			
*Father's Surname	<input type="text"/>			
*Gender	<input type="text"/>	*Date of Birth	<input type="text"/>	*Nationality
<input type="checkbox"/> PAN	<input type="checkbox"/> Passport number	<input type="text"/>		
<input type="button" value="Verify Details"/>				
Aadhaar number	<input type="text"/>			
*Place of Birth (District & State)	<input type="text"/>			
*Occupation type	<input type="text"/>			
*Area of Occupation	<input type="text"/>			
*Educational qualification	<input type="text"/>			
Present Address				
*Line I	<input type="text"/>			
Line II	<input type="text"/>			
*City	<input type="text"/>			
*State /Union Territory	<input type="text"/>	*Pin code	<input type="text"/>	
ISO Country code	<input type="text"/>	<input type="text"/>		
Country	<input type="text"/>			
*Phone (With STD/ISD code)	<input type="text"/>	-	<input type="text"/>	
Mobile	<input type="text"/>			

Fax	<input type="text"/>	
*email id	<input type="text"/>	
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 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 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 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-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

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 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 **Verify Details**

*Designation Category

Whether Chairman Executive director Non-executive director

*Name of the company or institution whose nominee the appointee is
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*email ID

Permanent Address

*Line I

Line II

*City

* State/ Union Territory	Pin code
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*ISO Country code	Country
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*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
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*ISO Country code	Country
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*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
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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
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*Name

*Gender	Date of Birth	Nationality
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*Designation	Category
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Whether Chairman Executive director Non-executive director

*Name of the company or institution whose nominee the appointee is

*email ID	<input type="text"/>
Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN) <input type="text"/>	
*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"/>

I

*First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
*Surname	<input type="text"/>	
*Father's first name	<input type="text"/>	
Father's middle name	<input type="text"/>	
*Father's surname	<input type="text"/>	
*Gender <input type="text"/>	*Date of Birth <input type="text"/>	Nationality <input type="text"/>
*Place of Birth	<input type="text"/>	
*Whether citizen of India <input type="radio"/> Yes <input type="radio"/> No	*Whether resident in India <input type="radio"/> Yes <input type="radio"/> No	
*Occupation type <input type="radio"/> Self Employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman		
*Area of Occupation <input type="text"/>		
If 'Others' selected, please specify <input type="text"/>		
*Educational Qualification <input type="text"/>		
<input type="checkbox"/> PAN <input type="checkbox"/> Passport number <input type="text"/> Verify Details		
*Designation <input type="text"/> Category <input type="text"/>		
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 <input type="text"/>		
*email ID <input type="text"/>		
Permanent Address		
*Line I <input type="text"/>		
Line II <input type="text"/>		
*City <input type="text"/>		
* State/ Union Territory <input type="text"/> Pin code <input type="text"/>		
*ISO Country code <input type="text"/> Country <input type="text"/>		
*Phone (with STD/ISD code) <input type="text"/> <input type="text"/>		
*Whether present residential address same as permanent residential address <input type="radio"/> Yes <input checked="" type="radio"/> No		
Present address		
*Line I <input type="text"/>		
Line II <input type="text"/>		
*City <input type="text"/>		
*State/ Union Territory <input type="text"/> Pin code <input type="text"/>		

*ISO Country code	Country
*Phone (with STD/ISD code)	<input type="text"/> <input type="text"/>
*Duration of stay at present address	<input type="text"/> Years <input type="text"/> Months
If Duration of stay at present address is less than one year then address of previous residence <input type="text"/>	
*Proof of identity	<input type="text"/> Residential Proof <input type="text"/>
Voter's identity card number <input type="text"/>	
Driving license number <input type="text"/>	
Aadhaar Number <input type="text"/>	
Submit the proof of identity and proof of address under attachments.	
Number of entities in which director have interest <input type="text"/>	
*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"/>

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

*ISO Country code			
Country			
*Phone (With STD/ISD code)	<input type="text"/>	<input type="text"/>	
Mobile			
Fax			
*email id			
*Whether present address is same as the permanent address <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present Address			
*Line I			
Line II			
*City			
*State/Union Territory	<input type="text"/>	in code	<input type="text"/>
*ISO Country code	<input type="text"/>		
Country			
Phone (With STD/ISD code)	<input type="text"/>	<input type="text"/>	
Mobile			
Fax			
*Duration of stay at present address	Years	<input type="text"/>	Months
If Duration of stay at present address is less than one year then address of previous residence <input type="text"/>			
*Proof of identity	<input type="text"/>	Residential Proof	<input type="text"/>

8. 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

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