

Form No. INC-7

[Pursuant to Section 7(1) of the Companies Act, 2013 and pursuant to Rule 10, 12, 14 and 15 of the Companies (Incorporation) Rules 2014]



Application for Incorporation of Company
(Other than OPC)

Form language English Hindi

Refer the instruction kit for filing the form.

1.*Service Request Number (SRN) of Form INC-1

 Pre-fill

2.(a) Name of the company

(b) Type of Company is

(c) Class of Company

(d) Category

(e) Sub category

(f) Section 8 licence number

*(g) Company is Having share capital Not having share capital

3.(a) Name of the state/Union territory in which the company is to be registered

(b) Name of office of the Registrar of Companies in which the company is to be registered

(c)*Whether the address for correspondence will be the address of Registered office of the Company

Yes No

(d) Address for correspondence till the registered office of the company is established

*Line I	<input type="text"/>
Line II	<input type="text"/>
*City	<input type="text"/>
*State/Union Territory	<input type="text"/>
*District	<input type="text"/> *PinCode <input type="text"/>
ISO Country Code	<input type="text"/>
Country	<input type="text"/>
*Phone(with STD code) +91 -	<input type="text"/> - <input type="text"/>
Fax	<input type="text"/>
*email ID of the company	<input type="text"/>

5.* Main division of industrial activity of the company

Description of the main division

6.*(a) Whether the proposed company shall be conducting any activities which require approval from any sectoral regulator (Like RBI in case of NBFI and Banking activities) to commence such activities

Yes No

7.* Enter the number of promoters (first subscribers to the Memorandum of Association (MOA))

Particulars of Promoters (first subscribers to the MOA)

I	* Category	<input type="text"/>
	* Director Identification number(DIN) or Income - tax permanent account number (Income - tax PAN) or passport number or corporate identity number(CIN) Or foreign company registration number(FCRN) or any other registration number	<input type="text"/>
		<input type="text"/> Pre-fill <input type="text"/> Verify details
	* First Name	<input type="text"/>
	Middle Name	<input type="text"/>
	* Surname	<input type="text"/>

Family Name	<input type="text"/>			
* <input type="radio"/> Father's name	<input type="radio"/> Mother's name	<input type="radio"/> Spouse's name		
<input type="text"/>				
* Nationality	<input type="text"/>	* Date of Birth	<input type="text"/>	
* Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Transgender	
* Place of Birth (District & State) <input type="text"/>				
* 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"/>				
* Educational qualification <input type="text"/>				
* Name of the entity <input type="text"/>				
* Income tax permanent Account Number (PAN) <input type="text"/>				
Permanent Address/Registered address /Principal place of business				
* 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"/>	
Fax	<input type="text"/>			
Mobile	<input type="text"/>			
* email id	<input type="text"/>			
* Whether present address is same as the permanent 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"/>			
* ISO Country code	<input type="text"/>	* Pin code	<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"/>			
* 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"/>			
If already a director or promoter of a company(s), specify details of such company(s) (In case director or promoter in more than three companies, attach separate sheet as an optional attachment)				

Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>		
Name of the company			
Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>		
Name of the company			
Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>		
Pre-fill all			
Name of the company			
*Number of shares subscribed		*Total amount of shares subscribed(in Rs.)	
*Particulars of authorised person			
(a) Name of the authorised person			
(b) <input type="radio"/> Father's name <input type="radio"/> Mother's name <input type="radio"/> Spouse's name			
(c) Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender			
(d) Nationality		(e) Date of Birth	
(f) Phone (With STD/ISD code)		-	
(g) email ID			

8. * (a) Whether the Articles are entrenched or not Yes No

(If yes, entrenched Articles should be annexed thereto)

(b) Number of Articles to which provisions of entrenchment shall be applicable

Details of Articles to which provisions of entrenchment shall be applicable

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9. 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
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(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 INC-7	Memorandum of association	Articles of association
Amount of stamp duty to be paid (in Rs.)			

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form INC-7	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				
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				

10. 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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Information specific to TAN

Area code	AO type	Range code	AO No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Source of Income

- Income from Business/profession Capital Gains Income from house property
 Income from other source No Income

Business/Profession code

11. Additional Information for Employer registration under Employee State Insurance Corporation (ESIC)

Type of Unit Factory Establishment

Exact nature of Work/Business carried on

Work Sub category

** This information is mandatorily required to be filled in case of applicants desirous of applying for PAN and or TAN at the time of incorporation of a company. This facility is available at the e-Biz portal only as per separate procedure prescribed by e-Biz portal.

Attachments

List of attachments

- 1)*Memorandum of association
- 2)*Articles of association
- 3)*Declaration in Form No. INC-8
- 4)*Affidavit from each of the subscriber to the memorandum in Form No.INC-9
- 5)*Proof of residential address

- 6)*Specimen signature in Form No. INC-10
- 10) NOC in case there is change in the promoters (first subscribers to Memorandum of Association)
- 15) Optional attachment, if any

Declaration

I * a person named in the articles as a * declare that all the requirements of The Companies Act, 2013 and the rules made thereunder in respect to the registration of the company and matters precedent or incidental thereto have been complied with. I am authorized by other promoters subscribing to the Memorandum of Association and Articles of Association and the first directors to give this declaration and to sign and submit this Form. 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. I have opened all the attachments to this Form and have verified these to be as per requirements, complete and legible;

3.* , a/an *
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.

4. I , the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my information and belief.

To be digitally signed by

* Designation

DIN of the director; or DIN or Income tax PAN of
the manager or Membership number of the company secretary

Note: Attention is drawn to provisions of section 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.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)