

[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, the 6th February, 2020

G.S.R.....(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. Short title and commencement.— (1) These rules may be called the Companies (Incorporation) Amendment Rules, 2020.

(2) They shall come into force with effect from the 15th February, 2020.

2. In the Companies (Incorporation) Rules, 2014 (hereinafter referred to as the said rules), for rule 9, the following rule shall be substituted, namely:-

“9. Reservation of name or change of name.— An application for reservation of name shall be made through the web service available at www.mca.gov.in by using web service SPICe+ (Simplified Proforma for Incorporating Company Electronically Plus: INC-32), and for change of name by using web service RUN (Reserve Unique Name) along with fee as provided in the Companies (Registration Offices and Fees) Rules, 2014, which may either be approved or rejected, as the case may be, by the Registrar, Central Registration Centre after allowing re-submission of such web form within fifteen days for rectification of the defects, if any, with effect from the 15th February, 2020.”.

3. In the said rules, in rules 10, 12, sub-rule (1) of rule 19, sub-rules (1),(2),(3), (4), (7) and (9) of rule 38, for the words, letters, figures and brackets,, “Form No INC-32 (SPICe), wherever they occur, the letters, brackets, words and figures “SPICe+ (Simplified Proforma for Incorporating Company Electronically Plus: INC-32)” shall be substituted with effect from the 15th February, 2020

4. In the said rules, in rule 38, in the marginal heading, for the word, brackets and letters “Electronically (SPICE)”, the words, brackets and letters “Electronically Plus (SPICE+)” shall be substituted with effect from the 15th February, 2020.

5. In the said rules, in rule 38A,-

(i) in the marginal heading, for the words, brackets and letters “and Employees’ Provident Fund Organisation (EPFO) Registration”, the words, brackets and letters “,Employees’ Provident Fund Organisation (EPFO) Registration and Profession Tax Registration and Opening of Bank Account” shall be substituted;

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

(iii) after clause (c), the following clauses shall be inserted, namely:-

“(c) Profession Tax Registration with effect from the 15th February, 2020

(d) Opening of Bank Account with effect from 15th February, 2020.”.

6. In the said rules, in the annexure,-

(i) for forms “RUN, e-form No INC-32 (SPICe), and e-form No.INC-35 (AGILE), the following forms shall be substituted, namely:-

"[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 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

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

6. *Capital structure of the company

Total authorized share capital (in Rupees)

Authorized share capital	Equity	Preference	Unclassified
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	
(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

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	<input type="text"/>	<input type="text"/>	<input type="button" value="Pre-Fill"/>
*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	<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"/>		
*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="text"/>	
<input type="checkbox"/> PAN	<input type="checkbox"/> Passport number	<input type="text"/>	
<input type="button" value="Verify"/>			
Aadhaar number	<input type="text"/>		
*Place of Birth (District & State)			
*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"/>		
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)

*Director Identification number (DIN)	Pre-	
*Name		
Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

*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 <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Serviceman		
*Area of Occupation		
If 'Others' selected, please specify		
*Educational Qualification		
* <input type="checkbox"/> PAN <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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

1	*Director Identification number (DIN)	Pre-
*Name		
*Gender	*Date of Birth	*Nationality
*Designation		*Category
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		
*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)	

*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

*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 <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"/>	

(e) *Particulars of directors (other than first subscribers)

1	*Director Identification number (DIN) <input type="text"/>	Pre-Fill <input type="button"/>
	*Name <input type="text"/>	
	*Gender <input type="text"/>	*Date of Birth <input type="text"/>
	*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"/>	
	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	
	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 Verify

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

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)	<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			
*Father's Surname			
*Gender	*Date of Birth	Nationality	
*Income- tax PAN	<input type="button" value="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 <input type="checkbox"/> Yes <input type="checkbox"/> 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			
<input type="text"/>			
*Proof of identity	<input type="text"/>		
*Residential Proof <input type="text"/>			

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.)			

(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.)				
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)				
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

--	--

VII. Attachments

Attachments

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

Attach

Attach

Attach
Attach
Attach
Attach

List of attachments

--

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 [redacted], 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.
- * [redacted], [redacted] having Membership number [redacted] and/or certificate of practice number [redacted] 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

For office use only:

eForm Service request number (SRN)

Amendment and filing date

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)

FORM NO. INC-35

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

AGILE-PRO

(A)pplication for Goods and services tax
Identification number , employees state
Insurance corporation registration pLus
Employees provident fund organization
registration, P rofession tax R egistration
and O pening of bank account)

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

*Name of the company	<input type="text"/>	
1. * Do you want to apply for GSTIN	<input type="radio"/> Yes	<input type="radio"/> No
2. * State (Same as entered in SPICe+)	<input type="text"/>	
3. * District (Same as entered in SPICe+)	<input type="text"/>	
4. * State Jurisdiction	<input type="text"/>	
* Sector / Circle / Ward /Charge / Unit	<input type="text"/>	
5. * Center Jurisdiction	<input type="text"/>	
Commissionerate	<input type="text"/>	
Division	<input type="text"/>	
Range	<input type="text"/>	
6. * Reason to Obtain Registration	<input type="text"/> Voluntary	
7. * Whether The Establishment On Lease	<input type="radio"/> Yes	<input type="radio"/> No
* Leased From Date	<input type="text"/>	To Date <input type="text"/>
(a). * Nature of possession of premises	<input type="text"/>	
(b) * Proof of Principal Place of Business	<input type="text"/>	
(c) * Whether the building/premises of Establishment is owned or hired.	<input type="text"/>	
* If hired or there is a change in the name of Unit/ownership, please indicate	<input type="text"/>	
* Leased From Date	<input type="text"/>	To Date <input type="text"/>
8. * Option for Composition	<input type="radio"/> Yes	<input type="radio"/> No
a) Composition Declaration	<input type="text"/>	

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)

Pre-fill

Description of Goods

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
Photograph

Remove
Photograph

Attach a latest passport size photograph
by clicking the above box

*Personal Mobile Number

 +91

Send OTP

*Personal Email Id

*Enter OTP for Mobile Number

Verify OTP

*Enter OTP for Email Id

(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

Pre-fill

Photograph

*PAN / Passport Number

*First Name

Middle Name

*Last Name

*Personal Mobile Number

*Personal Email ID

Attach
Photograph

Remove
Photograph

Attach a latest passport size
photograph by clicking the
above box

13. * Police Station

14. * Employer's Particulars

* Select Appropriate Branch Office

* Select Inspection Office

15. *Bank Particulars

* Select Bank Name

Attachments**List of Attachments**

1. *Proof of Principal place of business
2. *Proof of appointment of Authorized Signatory for GSTN

(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
Bank Account
4. *Proof of Address of Authorized Signatory for opening
Bank Account
5. *Specimen Signature of Authorized Signatory for EPFO

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 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.

Place

Date

Designation

 Director

*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)

(ii) for form No.INC-9, the following form shall be substituted, namely:-

[Pursuant to section 4(4) of the
Companies Act, 2013 and pursuant to rule
8 & 9 of the Companies (Incorporation)
Rules, 2014]



RUN

Reserve Unique Name

(For change of name only)

Service Request Number:

Dated:

Company Details

New Request

Resubmission

SRN

Pre-fill

CIN

Proposed Name 1

Proposed Name 2

Auto Check

Comments

Choose File No file chosen

Once you have submitted the name reservation request for change of name of company it will then be checked and, if found feasible, approved by the Central Registration Centre (CRC). You will receive an email from the CRC advising the outcome of the name reservation request.

Submit

- (iii) in form No. INC-33, the letters, words and brackets "MOA language 0 English 0 Hindi SRN of form (RUN)" shall be omitted;
- (iv) in form No. INC-34, the letters, words and brackets "AOA language 0 English 0 Hindi SRN of form (RUN)" shall be omitted;
- (v) in Form No. URC-1, the words and letters "Form language 0 English 0 Hindi SRN of RUN". shall be omitted.

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


K.V.R. MURTY, Joint Secretary.

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.793 (E) dated the 16th October, 2019.
