[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



(Simplified Proforma for Incorporating Company Electronically Plus)

			P.A	ART - A								
	1. (a) T	ype of Company	Γ									
	LLPIN											
	(b) Class of Company											
	(c) Ca	ategory of Company	<i>'</i>									
	(d) Si	ub-category of Com	pany									
2. Main division of industrial activity of company												
Description of the main division												
Summary of the objects to be pursued by the company on its incorporation												
You may include a document that supports your name reservation below. 3. Particulars of the proposed or approved name (i) 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												
	No	Article Nu	mber	Short des	cription on entrend	hment of	the clause					
	*Company		naro capitai	◯ Not having	share capital							
6.		al structure of the co orized share capita										
		zed share capital	Equ	itv	Preference		Unclassified					
	Authoriz	eu siiaie capital	⊑qu	ıty	Freierenc	-	Uliciassilleu					

Authorized share capital	Equity	Preference	Unclassified
Number of shares			
Nominal amount per share (in Rupees)			
Total amount (in Rupees)			

Total subscribed share cap	ital (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 me	mbers			
(a) Enter the maximum nun				
(b) Maximum number of me	embers excluding prop	posed employees		
(c) Number of members				
(d) Number of members ex	cluding proposed emp	ployee(s)		
. Address of the Company				
. (a) *Correspondence addres	S			
*Line I				
*Line II				
*City				
*State/Union Territory			*Pin code	
*District				
*Phone (with STD code)	-			
Fax				
*email ID of the company				
o) *Whether the address for co	orrespondence is the a	address of registered	office of the com	pany () Yes () No
;) *Name of the office of the R	•	_		
,		<u> </u>	. ,	
Subscriber and Directors I	Notaile.			
(a) *Number of first subscribe		tors of the company		
(a) Named of mot subscribe		Having valid I	NIC	Not having valid DIN
Total number of first subscr	ihers	- I a mig valid i	,	
(non-individual + individual				
Number of non-individual fir	st subscriber(s)			
Number of individual first sudirector(s)	ıbscriber(s) cum			

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	
*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	
Line II	
*City	
*State/ Union Territory *Pin code	
* ISO Country code Country	
*Phone (with STD/ISD code) -	
Mobile Fax	
*email id	
Particulars of the authorised person	
*First Name	
Middle Name	
*Surname	
*Father's first name	
Father's middle name	
*Father's surname	
*Gender *Date of Birth *Nationality	
* PAN Passport number	
Aadhaar number	
*Place of birth (District and State)	
*Occupation type	
*Area of occupation	
*Educational Qualification	
Present address	
*Line I	
Line II	
*City	
*State/ Union Territory *Pin code	
* ISO Country code *Country	
*Phone (with STD/ISD code)	
Mobile	
Fax	
*email id	
Kind of shares subscribed Number of subscribed shares Amou	nt of shares subscribed
Equity shares	
Preference shares	

*Director	Identification number (DIN	1)				
*Name						
Kind of shares subscribed		Number of st	ubscribed shares	Amount	of shares sub	scribed
Equity sha	ires					
Preference shares						

(c) *Particulars of individual first subscriber(s) (other than subscriber cum director)

*First Name							
Middle Name							
*Surname							
*Father's first name							
Father's middle name							
*Father's surname							
*Gender		*Date of I	Birth			*Nationality	
*Place of Birth							
*Occupation type Se	elf Employ	ed OP	rofessio	nal () H	omema	aker O Student	t Servicema
*Area of Occupation							
If 'Others' selected, pleas	se specify						
*Educational Qualification							
* PAN Passport r	number						
Aadhaar number							
*email ID							
Permanent Address							
*Line I							
Line II							
*City							
*State/ Union Territory					*P	in code	
* ISO Country code		Country					
*Phone (with STD/ISD cod	de)		-]
*Whether present resident Present address	itial addre	ss same a	s perma	nent reside	ential a	ddress O Yes	○ No
*Line I							
Line II							
*City							
*State/ Union Territory					*Pin	code	
* ISO Country code		Country					
*Phone (with STD/ISD co	de)						
*Duration of stay at prese	ent addres	s	Yea	ırs	N	lonths	
If Duration of stay at pres	ent addre	ss is less t	 han one	year then	addres	ss of previous res	sidence
*Proof of identity			*F	Residential	Proof		
Submit the proof of ide	ntity and	proof of a	ddress	under atta	achme	nts.	
Kind of shares subsci	ribed	Numbe	r of subs	scribed sha	ares	Amount of sh	ares subscribed
Equity shares							
Preference shares							
						ı	

(d) *Particulars of individual first subscriber(s) cum directors

Director idei	ntification number (DIN)
*Name	
*Gender	*Date of Birth *Nationality
*Designation	*Category
Whether [Chairman Executive director Non-executive director
*Name of the	e company or institution whose nominee the appointee is
*email ID	
	North and the state of the stat
Equity share	hares subscribed Number of subscribed shares Amount of shares subscribed
Preference s	
	entities in which director have interest (Need not to mention
	y is having CIN/FCRN/LLPIN)
*Registration	on number
*Name	
*Address	
	4D : //
Nature of interest	*Designation
	Percentage of Shareholding Amount
	Others (specify)
*First Name	
Middle Name	9
*Surname	
*Father's firs	t name
Father's mide	
*Father's sur	
*Gender	Ivationality
*Place of Bir	
	zen of India Yes No *Whether resident in India Yes No
*Occupation *Area of Occ	
If 'Others' se	elected, please specify
	I Qualification
* PAN (Passport number
*Designation	*Category
Whether	Chairman Executive director Non-executive director
*Name of the	ne company or institution whose nominee the appointee is
Traine or a	
*email ID	ıddress
	Address

*State/ Union Territory *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 *Pin co
*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
*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
*Line I Line II *City *State/ Union Territory *ISO Country code *Phone (with STD/ISD code) *Duration of stay at present address 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
*Line I Line II *City *State/ Union Territory *ISO Country code *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
Line II *City *State/ Union Territory *ISO Country code *Phone (with STD/ISD code) *Duration of stay at present address 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
*City *State/ Union Territory *Pin code *ISO Country code *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
*State/ Union Territory
* ISO Country code *Phone (with STD/ISD code) *Duration of stay at present address 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
*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
*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
If Duration of stay at present address is less than one year then address of previous residence *Proof of identity
*Proof of identity *Residential Proof Voter's identity card number
Voter's identity card number
Voter's identity card 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 *Designation
interest Percentage of Shareholding Amount
Others (specify)
e) *Particulars of directors (other than first subscribers)
*Director Identification number (DIN)
*Name
*Gender *Nationality *Nationality
*Designation *Cotegory
*Designation *Category
Whether Chairman Executive director Non-executive director

Natu inter First Na Aiddle N Surnam Father's	ure of est	Other	gnation entage of S	Shareholding	J		Ar	mount [
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First Na Aiddle N Surnam Father's	ame Name ne s first nar	Other			J		Ar	nount		
Aiddle N Surnam Father's	lame ne s first nar		s (specify)						
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Surnam Father's	ne s first nar									
Father's	s first nar									
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Father's		ame [
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Place o	r citizen (of India	O Vaa	○ Na	+\ A //					~ · · ·
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-	ation type		еп Еттрюу	eu O Pioi	essiona	— П	Uniemak	ei 🔾 Si	udent	<u></u>
Area of	Occupat	ion								
f 'Other	s' selecte	ed, plea	se specify							
Educati	onal Qua	lification	1							
' PA	N O P	assport	number							
Designa	ation					*Categ	gory			
/hether		Chairma	n 🗌	Executive d	irector		Non-exe	cutive dire	ctor	
Jame of	the com	nany or	institution	whose nom	inee the	annointe	ee is			
nail ID										
	t Addres	:5								
ine I	T. Iddioc									
ne II										
ity										
	nion Terri	tory					*Pin	code		
	intry code			Country						
	vith STD/				7- [
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ne II										
ity										

	Phone (with		
		stay at present address Years Months f stay at present address is less than one year then address of previous residence	
ſ	II Duration of	1 stay at present address is less than one year their address of previous residence	
	*Proof of ide	ntity *Residential Proof	
		ity card number	
	Oriving licens		
	Aadhaar Nun	proof of identity and proof of address under attachments.	
	_	entities in which director have interest	
,			
	*Registratio	on number	
	*Name		
	*Address		
	Nature of	*Designation	
	interest	Percentage of Shareholding Amount	
		Others (specify)	
ho sl omin *Pai	ee is eligible	the member of the company in the event of my death or incapacity to contract. I declar for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules, 2	
		ation number (DIN)	
	t Name		
	dle Name		
Sur	name		
*Fath	her's First na		
	er's Middle n	name	
	her's Surnam		
*Fath	her's Surnam	*Date of Birth *Nationality	
*Fath *Ger	her's Surnam	*Date of Birth *Nationality	
*Fath *Ger *Inc Aa	her's Surnam nder	*Date of Birth *Nationality er	
*Fath *Gel *Inc Aa *Pla	her's Surnam nder come tax PAN dhaar numbe	*Date of Birth *Nationality er District and State)	
*Fath *Gen *Inc Aa *Pla *Oc	her's Surnamender come tax PAN dhaar number ace of Birth (I	*Date of Birth *Nationality er District and State)	
*Fath *Gel *Inc Aa *Pla *Oc	her's Surnam nder ome tax PAN dhaar number ace of Birth (I ccupation type ea of Occupa	*Date of Birth *Nationality er District and State) ee ation	
*Fath *Gee *Inc Aa *Pla *Oc *Are	her's Surnamender come tax PAN dhaar number ace of Birth (I	*Date of Birth *Nationality District and State) ee ation ualification	

		Country	*Pin code	
* ISO Count *Phone (with Mobile (with	ry code	Country -	Pili code	
*Phone (with Mobile (with Fax	n STD/ ISD code)			
Mobile (with				
Fax	country code)			
emanio				
L	esent address is sai	me as the permanent addres	s () Yes	○ No
Present Ad		no do trio pormanoni addres		
*Line I				
Line II				
*City				
*State/Unior	n Territory		*Pin code	
* ISO Count	ry code	Country		
*Phone (with	n STD/ ISD code)			
Mobile				—
Fax				
*Duration o	f stay at the present	address Ye	ear(s) Mont	:h(s)
*Proof of id		Idress is less than one year t	ntial Proof	Addition
1 1001 01 10	Critity		iliai F100i	
(a) State or Un duty is paid or (b) *Whether sta	to be paid	d electronically through MCA	21 system () Yes ()	No O Not applicable
			Mamarandum of	Anti-land and an animitation
Type document/f	e or Particulars	Form	Memorandum of association	Articles of association
acust of stamp duty	to be paid			
iount of Stamp duty				1.0

(ii) Provide details	of stamp duty	/ already paid					
Type of	F	orm	Memorand associat			ticles of sociation	Others
document/Particulars			associai	ion	ass	Sociation	
Total amount of stamp duty paid(in Rs.)							
Mode of payment of stamp duty							
Name of vendor or Treasury or Authority o 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 Info 11. *Additional In Information s	nformation fo		manent Account	I	(PAN) and	Tax Deduction	n Account Number (TAN)
	Area code	AO type	Range code	AO No.			
Information s	specific to TA	N AO type	Range code	AO No.			
Source of Inc	☐ Income fro☐ Income fro	m Business/pr m other sourc		oital Gains ne	□Inco	ome from hous	se property
Business/Prof	ession code						

Attachments		List of 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 etc. 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		
	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 resemblance of the proposed name with the companies at already registered or the names already approved. I have resemblances of the proposed name with registered trade the Trade Marks Act, 1999 and other relevant search for c satisfy myself with the compliance of the provisions of the	and Limited Liability partnerships (LLPs) respectively also used the search facility for checking the marks and trade mark subject of an application under hecking the resemblance of the proposed name to Act for resemblance of name and Rules thereof.	
	*The proposed name is not in violation of the provisions of Act, 1950 as amended from time to time.		
	*The proposed name is not offensive to any section of per words or phrases that are generally considered a slur aga	inst an ethnic group, religion, gender or heredity.	
	*The proposed name is not such that its use by the compa being in force.	any will constitute an offence under any law for the time	
	*I undertake to be fully responsible for the consequences is contravention of the provisions of section 4(2) and section have also gone through and understood the provisions of and rules thereunder and fully declare myself responsible	4(4) of the Companies Act, 2013 and rules thereto and I section 4(5) (ii) (a) and (b) of the Companies Act, 2013	
ш	*1		
	a person named in the articles as a director of the compan company to sign this form and declare that all the requiren thereunder in respect of Director Identification Number (DI or incidental thereto have been complied with.	nents of the Companies Act, 2013 and the rules made	

	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.			
	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 4 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.			
*				
	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.			
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			
	*DIN / PAN			
_	Declaration and certification by professional			
I	, ,			
r	member of			
Г	having office at *			
L	Who is engaged in the formation of the company declare that I have been duly engaged for the purpose of			

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.

* Cost Accountant (in whole-time practice) or Cost Accountant (in whole-time practice) or
Company Secretary (in whole-time practice)
* Whether Associate or Fellow Associate Fellow
* Membership number
Certificate of practice number
* Income-tax PAN
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)