

SPICE + Part B

Simplified Proforma for Incorporating Company Electronically

[Pursuant to sections 4, 7, 8(1) 12, 152 and 153 of the Companies Act, 2013 read with rules made there under]
- Form No. INC-32



Form Language

☒ English

☐ Hindi

Refer instruction kit for filling the form
All fields marked in * are mandatory.

Structure of the Company

1(a) *Whether AOA is entrenched?

☐ Yes

☒ No

(b) Number of Articles to which provisions of entrenchment

Details of such articles

Sr. No	Article Number	Short description on entrenchment of the clause
1		

2 *Company is

☒ Having Share Capital

☐ Not having share capital

Total authorized share capital (in INR)

50000

Total classified authorized share capital (in INR)

50000

Total subscribed share capital (in INR)

50000

*Total unclassified authorized share capital (in INR)

0

3A(i) *Equity share capital

Number of classes

1

Description of Equity share capital

3A *Capital structure of the company

Class of shares	Authorized capital	Subscribed capital
EQUITY		
Number of equity shares	5000	5000
Nominal amount per share (in INR)	10	10
Total amount (in INR)	50000	50000

3A(ii) *Preference share capital

Number of classes

0

Description of Preference share capital

Class of shares	Authorized capital	Subscribed capital
Number of preference shares		
Nominal amount per share (in INR)		
Total amount (in INR)		

3B *Details of number of members

(a) Enter the maximum number of members	
(b) Maximum number of members excluding proposed employees	
(c) Number of members	1
(d) number of members excluding proposed employee(s)	

4 Address of the Company**4A *Correspondance Address*****Line 1**

SHOP NO 1 SECTOR 73

Line 2

DHANSINGH MARKET SARFABAD

***Pin code**

201304

Contact Details : Mobile No.

72*****52

Contact Details: Phone No. (with STD code)***State/UT**

Uttar Pradesh

***District**

Gautam Buddha Nagar

***City**

Dadri

***Area/Locality**

Baraula

Fax**email ID of the company**

Me*****ok.com

4B *Whether the address for correspondence is the address of registered office of the company

☒ Yes

☐ No

(In case Yes is selected, please provide Longitude and Latitude details)

Longitude

87.470821

Latitude

23.256652

Attachments:

1. Proof of Office address along with NOC, if applicable (Conveyance/ Lease deed /Rent Agreement along with rent receipts);

1NOC and RENT AGREEMENT.pdf

2. Copy of the utility bills (not older than two months);

1latest bill (1).pdf

4C *Name of the office of the Registrar of Companies in which the proposed company is to be registered

Registrar of Companies, Uttar Pradesh

5 *Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
(a) Total number of first subscribers (non-individual + individual)	0	1
(b) Number of non -individual first subscriber(s)		0
(c) Number of individual first subscriber(s) cum director(s)	0	1
(d) Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)	0	1

6 Particulars of Non- Individual Subscribers / Individual Subscribers other than Subscriber(s) cum Directors

6A *Particulars of non-individual first

6A(i) Particulars of entity

*Category

Company/Foreign company/ Company incorporated outside India Body Corporate/Others)

*Corporate identity number (CIN) or foreign company registration number (FRCN) 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 1

Line 2

*Country

*Pin code

Area/Locality

*City

District

*State/UT

*Phone (with STD/ISD code)

Fax

*email ID of the company

6A(ii) Particular of the person authorized by the

Director Identification number (DIN)

*First Name

Middle Name

*Surname

*Father's First Name

Father's Middle Name

*Father's Surname

*Gender

(Male/Female/Transgender)

*Date of Birth (DD/MM/YYYY)

*Nationality

Income tax-PAN

*Place of Birth (District & State)

*Occupation type

*(Business/Professional/Government/Employment/Private Employment/Housewife
/Student/Others)*

*Area of Occupation

*If 'Others' selected, please specify

*Educational Qualification

*Primary education/Secondary education/Vocational qualification
Bachelor's degree/Master's degree/Doctorate or higher/Professional
Diploma/Others)*

If 'Others' selected, please specify

Present Address

*Line 1

Line 2

*Country

*Pin code

*Area/Locality

*City

District

*State/UT

*Phone (with STD/ISD code)

Fax

email ID of the company

*Identity Proof

*Identity Proof No.

*Residential Proof

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

*Residential Proof No.

Submit the proof of identity and proof of address

(a) *Proof of identity

(b) *Residential Proof

Description of Share capital

Total subscribed share capital (in INR)

Description of equity share capital

*Number of classes

Class of shares	Subscribed capital
<input type="text"/>	
Number of equity shares	<input type="text"/>
Nominal amount per share (in INR)	<input type="text"/>
Total amount (in INR)	<input type="text"/>

Description of preference share capital

*Number of classes

Class of shares	Subscribed capital
<input type="text"/>	
Number of preference shares	<input type="text"/>
Nominal amount per share (in INR)	<input type="text"/>
Total amount (in INR)	<input type="text"/>

6B Particulars of individual first subscriber(s) other than subscriber cum director (having valid DIN)

*Director Identification Number (DIN)

*Name

Description of Share capital

Total subscribed share capital (in INR)

Description of equity share capital

*Number of classes

Class of shares	Subscribed capital
<input type="text"/>	
Number of equity shares	<input type="text"/>
Nominal amount per share (in INR)	<input type="text"/>
Total amount (in INR)	<input type="text"/>

Description of preference share capital

*Number of classes

Class of shares	Subscribed capital
<input type="text"/>	
Number of preference shares	<input type="text"/>
Nominal amount per share (in INR)	<input type="text"/>
Total amount (in INR)	<input type="text"/>

6C *Particulars of individual first subscriber(s) other than subscriber cum director (Not having valid DIN)

*First Name

Middle Name

*Surname

*Father's First Name

Father's Middle Name

*Father's Surname

*Gender

(Male/Female/Transgender)

*Date of Birth (DD/MM/YYYY)

*Nationality

*Place of Birth (District & State)

*Occupation type

(Business/Professional/Government/Employment/Private Employment/Housewife/Student/Others)

Area of Occupation

If 'Others' selected, please specify

*Educational Qualification

*Primary education/Secondary education/Vocational qualification
Bachelor's degree/Master's degree/Doctorate or higher/Professional
Diploma/Others)*

If 'Others' selected, please specify

PAN

*email ID

Permanent

*Line 1

Line 2

*Country

*Pin code

*Area/Locality

*City

District

State/UT

*Phone (with STD/ISD code)

*Whether present residential address same as permanent residential address

☐ Yes☐ No***Present**

*Line 1

Line 2

*Country

*Pin code

Area/Locality

*City

District

*State/UT

*Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

(Years -> 0 to 99

Month -> 0 to 11)

*If Duration of stay at present address is less than a one year then address of previous residence

*Identity Proof

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

*Residential Proof

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

*Identity Proof No.

*Residential Proof No.

***Submit the proof of identity and proof of address**

(a) *Proof of identity

(b) *Residential Proof

Description of Share capital

Total subscribed share capital (in INR)

Description of equity share capital

*Number of classes

Class of shares	Subscribed capital
<input type="text"/>	
Number of equity shares	<input type="text"/>
Nominal amount per share (in INR)	<input type="text"/>
Total amount (in INR)	<input type="text"/>

Description of preference share capital

*Number of classes

Class of shares	Subscribed capital
<input type="text"/>	
Number of preference shares	<input type="text"/>
Nominal amount per share (in INR)	<input type="text"/>
Total amount (in INR)	<input type="text"/>

7 Particulars of Subscriber(s) cum Directors/Director of the Company

7A Particulars of Subscriber(s) cum Directors (having valid DIN)

7A(i) Basic detail of Subscriber(s) cum Directors

Director Identification Number (DIN)

*Name

*Designation

(Director/Managing Director/Whole time director/Nominee director)

*Category

(Promoter/Professional/Independent/Nominee)

Whether

☐ Chairman

☐ Executive Director

☐ Non-executive Director

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

*email ID

Description of Share capital

Total subscribed share capital (in INR)

Description of equity share capital

*Number of classes

Class of shares	Subscribed capital
<input type="text"/>	
Number of equity shares	<input type="text"/>
Nominal amount per share (in INR)	<input type="text"/>
Total amount (in INR)	<input type="text"/>

Description of preference share capital

*Number of classes

Class of shares	Subscribed capital
Number of preference shares	
Nominal amount per share (in INR)	
Total amount (in INR)	

7A(ii) Declaration of entities in which Subscribers cum directors have interest

Number of entities in which director has interest

*CIN/LLPIN/FCRN/Registration Number

*Name

*Address

*Nature Of interest	*Designation	<input type="text"/>	Other(specify)	<input type="text"/>
	Percentage of Shareholding	<input type="text" value="0"/>	Amount (in INR)	<input type="text"/>

7B Particulars of Subscriber(s) cum Directors (Not having valid

7B(i) Basic detail of Subscriber(s) cum Directors

*First Name

ANKIT

Middle Name

*Surname

KAUSHIK

*Father's First Name

MAHESH

Father's Middle Name

CHAND

*Father's Surname

SHARMA

*Gender

Male

*Date of Birth (DD/MM/YYYY)

31/08/1998

*Nationality

India

*Place of Birth (District & State)

NOIDA

Whether citizen of India

☒ Yes

☐ No

Whether resident in India

☒ Yes

☐ No

*Occupation type

Business

(Business/Professional/Government/Employment/Private Employment/Housewife/Student/Others)

*Area of Occupation

Business

If 'Others' selected, please specify

*Educational Qualification

Bachelor's degree

If 'Others' selected, please specify

*Primary education/Secondary education/Vocational qualification
Bachelor's degree/Master's degree/Doctorate or higher/Professional
Diploma/Others)*

PAN

FW*****6R

*Designation

Director

(Director/Managing Director/Whole time director/Nominee director)

*Category

Promoter

(Promoter/Professional/Independent/Nominee)

Whether

- ☐ Chairman
☒ Executive Director
☐ Non-executive Director

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

*Mobile No

*email ID

Permanent

*Line 1

Line 2

*Country

*Pin code

*Area/Locality

*City

District

*State/UT

Phone (with STD/ISD code)

*Whether present residential address same as permanent residential address

☒ Yes

☐ No

***Present**

*Line 1

Line 2

*Country

*Pin code

*Area/Locality

*City

District

State/UT

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

6/3

(Years -> 0 to 99

Month -> 0 to 11)

*If Duration of stay at present address is less than a one year then address of previous residence

*Identity Proof

Aadhar Card

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

*Residential Proof

Bank Statement

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

*Identity Proof No.

847661014834

Residential Proof No.

130407275

***Submit the proof of identity and proof of address**

(a) *Proof of identity

FWEPK3296R_ankit aadhar.pdf

(b) *Residential Proof

FWEPK3296R_BANK STATEMENT.pdf

Description of Share capital

Total subscribed share capital (in INR)

50000

Description of equity share capital

*Number of classes

1

Class of shares	Subscribed capital
EQUITY	
Number of equity shares	5000
Nominal amount per share (in INR)	10
Total amount (in INR)	50000

Description of preference share capital

*Number of classes

Class of shares	Subscribed capital
Number of preference shares	
Nominal amount per share (in INR)	
Total amount (in INR)	

7B(ii) Declaration of entities in which Subscribers cum directors have interest

*Number of entities in which director has interest

0

*CIN/LLPIN/FCRN/Registration Number

*Name

*Address

*Nature Of interest	*Designation		Other(specify)	
	Percentage of Shareholding		Amount (in INR)	

7C Particulars of Directors (having valid DIN)

7C(i) Basic Details of Directors

*Director Identification Number (DIN)

*Name

*Designation

(Director/Managing Director/Whole time director/Nominee director)

*Category

(Promoter/Professional/Independent/Nominee)

Whether

☐ Chairman

☐ Executive Director

☐ Non-executive Director

Name of the company or institution whose nominee the appointee is

*email ID

7C(ii) Declaration of entities in which Subscribers cum directors have interest

Number of entities in which director has interest

*CIN/LLPIN/FCRN/Registration Number

*Name

*Address

*Nature Of interest	*Designation	<input type="text"/>	Other(specify)	<input type="text"/>
	Percentage of Shareholding	<input type="text" value="0"/>	Amount (in INR)	<input type="text"/>

7D Particulars of Directors (Not having DIN)

7D(i) Basic detail of Directors

*First Name

Middle Name

*Surname

*Father's First Name

Father's Middle Name

*Father's Surname

*Gender

*Date of Birth (DD/MM/YYYY)

*Nationality

*Place of Birth (District & State)

Whether citizen of India

☐ Yes

☐ No

Whether resident in India

☐ Yes

☐ No

*Occupation type

(Business/Professional/Government/Employment/Private Employment/Housewife/Student/Others)

*Area of Occupation

If 'Others' selected, please specify

*Educational Qualification

If 'Others' selected, please specify

*Primary education/Secondary education/Vocational qualification
Bachelor's degree/Master's degree/Doctorate or higher/Professional
Diploma/Others)*

Income tax-PAN

*Designation

(Director/Managing Director/Whole time director/Nominee director)

*Category

(Promoter/Professional/Independent/Nominee)

Whether

- ☐ Chairman
☐ Executive Director
☐ Non-executive Director

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

*Mobile No

*email ID

Permanent

*Line 1

Line 2

*Country

*Pin code

Area/Locality

*City

District

*State/UT

Phone (with STD/ISD code)

*Whether present residential address same as permanent residential address

☐ Yes

☐ No

***Present**

*Line 1

Line 2

*Country

*Pin code

*Area/Locality

*City

District

*State/UT

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

(Years -> 0 to 99
Month -> 0 to 11)

If Duration of stay at present address is less than a one year then
address of previous residence

*Identity Proof

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

*Residential Proof

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

*Identity Proof No.

Residential Proof No.

***Submit the proof of identity and proof of
address**

(a) *Proof of identity

(b) *Residential Proof

7D(ii) Declaration of entities in which directors have interest

Number of entities in which director has interest

*CIN/LLPIN/FCRN/Registration Number

*Name

*Address

*Nature Of interest	*Designation		Other(specify)	
	Percentage of Shareholding	0	Amount (in INR)	

8 OPC Nomination

8A *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.

8B *Particulars of the Nominee

Director Identification number (DIN)

*First Name

Middle Name

*Surname

*Father's First Name

Father's Middle Name

*Father's Surname

*Gender

*Date of Birth (DD/MM/YYYY)

*Nationality

*Income tax-PAN

*Place of Birth (District & State)

*Occupation type

*Business/Professional/Government /Employment/Private Employment /Housewife
Student/Others*

*Area of Occupation

If 'Others' selected, please specify

*Educational Qualification

Primary education

(Primary education/Secondary education/Vocational qualification
Bachelor's degree/master's degree/Doctorate or higher/Professional
Diploma/Others)

If 'Others' selected, please specify

*Mobile No

+91*****98

*Email Id

Me*****ok.com

Permanent address

*Line 1

CHITSAUN

Line 2

BULANDSHAHR

*Country

India

*Area/ Locality

Bulandshahr

*Pin code / Zip Code

203001

*State/UT

Uttar Pradesh

*City

Bulandshahr

District

Bulandshahr

Phone (with STD/ISD code)

Fax

Whether present residential address same as permanent residential address

☒ Yes

☐ No

***Present Address**

*Line 1

CHITSAUN

Line 2

BULANDSHAHR

*Area/Locality

Bulandshahr

*Pin code

203001

*Country

India

*City

Bulandshahr

State / UT

Uttar Pradesh

District

Bulandshahr

Phone(with STD/ISD code)

Fax

Duration of stay at present address (Years/Month)

13

(Year -> 0 to 99) (Month -> 0 to 11)

*If Duration of stay at present address is less than one year then
address of previous residence

*Identity Proof

Aadhar Card

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

*Residential Proof

Bank Statement

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

*Identity Proof No.

349337017987

*Residential Proof No.

3688335000

***Submit the proof of identity and proof of address**

(a) *Proof of identity

mahesh aadhar.pdf

(b) *Residential proof

RESIDENTIAL PROOF.pdf

Declaration by Nominee

I do solemnly declare that I am an Indian citizen and resident in India and I have not been convicted of any offence in connection with the promotion, formation or management of any company or LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law or LLP Act in the last five years. I further declare that

I am not a nominee in any other One Person Company and I shall comply with the eligibility criteria specified in Rule 3(3) within the prescribed period. I understand that the person nominating me may withdraw my nomination without my consent.

To be digitally signed by Nominee

9 Particulars of payment of stamp duty

9A State or union territory in respect of which stamp duty is paid or to be paid

Uttar Pradesh

9B *Whether stamp duty is to be paid electronically through MCA 21 system

☒ Yes

☐ No

☐ Not applicable

9B(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.)	10	500	500

9B(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form	Memorandum of association	Articles of association	Others <div></div>
Total amount of stamp duty paid (in Rs.)	<div></div>	<div></div>	<div></div>	<div></div>
Mode of payment of stamp duty	<div></div>	<div></div>	<div></div>	<div></div>
Name of vendor or treasury or Authority or any other competent agency authorized to collect stamp duty or to sell stamp papers or to emboss the document or to dispense stamp vouchers on behalf of the government	<div></div>	<div></div>	<div></div>	<div></div>
Serial number of embossing or stamp or stamp paper or treasury challan number	<div></div>	<div></div>	<div></div>	<div></div>
Registration number of vendor	<div></div>	<div></div>	<div></div>	<div></div>
Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MM/YYYY)	<div></div>	<div></div>	<div></div>	<div></div>
Place of purchase of stamps or stamp paper or payment of stamp duty	<div></div>	<div></div>	<div></div>	<div></div>

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.
<div>KNP</div>	<div>W</div>	<div>100</div>	<div>1</div>

Information specific to TAN

Area Code	AO type	Range Code	AO No.
<div>KNP</div>	<div>CT</div>	<div>96</div>	<div>2</div>

***Source of Income**

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

*Business/Profession code

20

Attachments

(a) Memorandum of association

MAX 2MB

(b) Articles of association

MAX 2MB

(c) Declaration by first subscriber(s) and director(s);
(Affidavit is not required to be attached);

MAX 2MB

(d) Copy of certificate of incorporation of the foreign body corporate and resolution passed by foreign company or authority given through constitutional document;

MAX 2MB

(e) Resolution passed by promoter company;

MAX 2MB

(f) Interest of first director(s) in other entities

MAX 2MB

(g) Optional attachment(s) (if any)

MERGED DOCS.pdf

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 *

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 further declare that the company shall not commence the business of Nidhi, unless all the required approval including the declaration be issued under section 406 of the Act have been obtained from Central Government;

☒ 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 (a) 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.

☒ I, on behalf of the proposed directors, hereby declare that person seeking appointment is a national of a country which shares a land border with India, necessary security clearance from Ministry of Home Affairs, Government of India shall be attached with the consent.

☐ The MoA and AoA attached to the form in hard copy is exactly similar to e-MoA and e-AOA to be attached with the form.

☐ I hereby declare as per Rule 5(iv) of Companies (Authorised to Register) Rules that the said LLP applying for conversion in this Part of the Act has filed all documents which are required to be filed under the LLP Act, 2008 with the Registrar LLP.

NEHA GUPTA

a

Company Secretary

having Membership number

and/or certificate of practice number

15745

has been engaged to give declaration under section 7(1) (b) and such declaration is provided below.

***To be digitally signed by director**

*DIN/PAN

FW*****6R

11 Declaration and Certification by Professional

I NEHA GUPTA member of

The Institute of Company Secretary of India

having office at*

Office no.205, 3rd floor, Lotus Tower, f-06 Vijay Block, Laxmi Nagar, Delhi-110092

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.
- iii 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;

- iv I have opened all the attachments to this form and have verified these to be as per requirements, complete and legible;
- v 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).
- vi 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.
- vii The draft memorandum and articles of association have been drawn up in conformity with the provisions of section 8 and rules made thereunder; and
- viii All the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the company under section 8 of the Act and matters precedent or incidental thereto have been complied with.

To be digitally signed by

- ☐ Chartered accountant (in whole-time practice) or
- ☒ Company secretary (in whole-time practice)
- ☐ Cost accountant (in whole-time practice) or
- ☐ Advocate

Whether associate or fellow:

- ☒ Associate ☐ Fellow

Membership number

Certificate of practice number

15745

Income-tax PAN

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

07/11/2023

Digital signature of the authorizing officer

This eForm is hereby registered

Date of signing (DD/MM/YYYY)

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