[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)

			PA	ARI-A					
	1. (a) T	ype of Company							
	LL	PIN							
	(b) C	lass of Company							
	(c) Ca	ategory of Company	/						
	(d) S	ub-category of Com	pany						
	2. Main	division of industria	I activity of com	pany					
	Desc	ription of the main o	division						
;	Summary	of the objects to be	pursued by the	company on	its incorporation				
		nclude a document culars of the propos	ed or approved	name	ervation below.				
			PART -	В					
4. Nu	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 Nu	mber	Short des	cription on entrend	hment of	the clause		
5.	*Company	is Having s	hare capital	◯ Not having	g share capital				
6.		al structure of the conorized share capita							
	Authoriz	zed share capital	Equ	ity	Preferenc	е	Uncla	assified	

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)

*Category		
*Corporate identity number (CIN) or registration number (FCRN) or any number		
*Name of the body corporate		
Registered office address or Principa	I place of business in India or Principa	I place of business outside India
*Line I		
Line II		
*City		
*State/ Union Territory	*Pin	code
	Country	
*Phone (with STD/ISD code)	-	
Mobile Mobile	Fax	
*email id		
Particulars of the authorised perso	 n	
*First Name		
Middle Name		
*Surname		
Father's first name		
Father's middle name		
*Father's surname		
	Date of Birth *Na	
-	*Na	tionality
* 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	1	
*State/ Union Territory	*Pin code	
* ISO Country code *	Country	
*Phone (with STD/ISD code)		
Mobile		
Fax		
*email id		
	Number of subscribed shares	Amount of shares subscribed
Kind of shares subscribed		
Equity shares  Preference shares		

(b) \*Particulars of non-individual first subscriber(s)

*Director Identification number (DI *Name	N)	
Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		
	approval under the Foreign Exchanges and the same has been obtained	ge Management (Non-debt Instruments), and is enclosed herewith.
		nange Management (Non-debt Instruments

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

"Sumame "Father's first name Father's middle name "Father's surname "Gender	*First Name		
Father's first name Father's surname  "Gender	Middle Name		
Father's middle name  "Father's surname  "Gender Date of Birth Nationality Place of Birth Poccupation type Self Employed Professional Homemaker Student Servicen Area of Occupation Professional Qualification  "Pand Passport number Aadhaar number Pemail ID Permanent Address  "Line I Line II Line II Professional Professional Homemaker Student Servicen Professional Qualification Premail ID Permanent Address  "Line I Line II Line II Professional Professional Homemaker Student Servicen Professional Qualification Premail ID Permanent Address  "Line I Line II Professional Address same as permanent residential address Yes No Present address  "Line I Line II Professional Professional Address Premail Professional Professional Address Premail Professional Professi	*Surname		
*Father's surname  *Gender	*Father's first name		
*Gender	Father's middle name		
"Place of Birth "Occupation type	*Father's surname		
"Place of Birth  "Occupation type Self Employed Professional Homemaker Student Servicen  "Area of Occupation If 'Others' selected, please specify  "Educational Qualification  " PAN Passport number Aadhaar number "  "email ID Permanent Address  "Line I Line II	*Gender	*Date of Birth	*Nationality
"Occupation type	*Place of Birth		
*Area of Occupation  If 'Others' selected, please specify  *Educational Qualification  * PAN Passport number  Aadhaar number  *email ID  Permanent Address  *Line I  Line II  *City  *State/ Union Territory  *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  *Phone (with STD/ISD code)  *Whether present residential address same as permanent residential address Yes No  Present address  *Line I  Line II  *City  *State/ Union Territory  *Pin code  *ISO Country code  Country  *Phone (with STD/ISD code)  *Duration of stay at present address  Years  Months  If Duration of stay at present address is less than one year then address of previous residence  *Proof of identity  *Residential Proof  Submit the proof of identity and proof of address under attachments.  Kind of shares subscribed  Number of subscribed shares  Amount of shares subscribed  Equity shares		ved O Professional O Homem	aker ( ) Student ( ) Servicema
*Educational Qualification  * PAN Passport number Aadhaar number  *email ID Permanent Address  *Line I Line II  *City  *State/ Union Territory Phone (with STD/ISD code)  *Whether present residential address same as permanent residential address Yes No Present address  *Line I Line II  Line II  *City  *State/ Union Territory Phone (with STD/ISD code)  *Union Territory Phone (with STD/ISD code)  *Iso Country code Phone (with STD/ISD code)  *Iso Country code Phone (with STD/ISD code)  *State/ Union Territory Phone (with STD/ISD code)  *Proof of identity Residential Proof Phone (with STD/ISD code)  *Proof of identity Residential Proof 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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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*State/ Union Territory	Line II		
*ISO Country code  *Phone (with STD/ISD code)  *Whether present residential address same as permanent residential address  *Line I  Line II  *City  *State/ Union Territory  *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  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	*City		
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*State/ Union Territory	Line II		
*State/ Union Territory	*City		
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Preference shares	Equity shares		
<u> </u>	Preference shares		
n required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instrur	1	l .	
n not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Ins	es, 2019 prior to subscription of shar or	res and the same has been obtained	l, and is enclosed herewith.

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

		*Date of	Birth		e of Birth *Nationality			
Designation					_ *Category	,		
Whether [	Chairma	n	Executive	director	Non-	-executiv	e director	
Name of the	company o	r institutio	n whose n	ominee the	appointee	is		
email ID			1					
Kind of s	hares subsc	cribed	Numbe	Number of subscribed shares			Amount of shares subscribed	
quity share								
reference s	hares							
	ntities in whi			erest (Need	not to men	ntion		
			,				]	
*Registration								
*Registration *Name								
*Name  *Address  Nature of	*Design	nation						
*Name  *Address			eholding			Amount		

 $<sup>\</sup>bigcirc$ 

*Name									
*Gender		*Date of	Birth	*1	lationality				
*Designation				*Cate	egory				
Whether Chairman Executive director Non-executive director									
*Name of the	e company o	or institution	n whose nomin	ee the appoi	ntee is				
*email ID									
Kind of s	hares subs	cribed	Number of s	subscribed sl	nares	Amour	nt of sha	res subs	scribed
Equity share	es								
Preference s	hares								
Number of e			r have interest LLPIN)	(Need not to	mention				
*Registration	n number								
*Name									
*Address									
Nature of interest	*Desig	nation							
					Λ	ınt 🗆			
	Percentag	ge of Share	eholding		Amou	"" L			
n required to o es, 2019 prior or	Others btain the Goto subscript	s (specify) overnment	approval unde	ne has been	Exchange obtained, a	Manag and is er	nclosed	herewith	1.
n required to o es, 2019 prior or	Others btain the Goto subscript to obtain the	s (specify)  overnment tion of share	approval unde es and the san ent approval u	ne has been	Exchange obtained, a	Manag and is er	nclosed	herewith	1.
n required to o es, 2019 prior or n not required es, 2019 prior	Others btain the Go to subscript to obtain the to subscript	s (specify)  overnment tion of share	approval unde es and the san ent approval u	ne has been	Exchange obtained, a	Manag	nclosed	herewith	1.
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Permanen	t Address
*Line I	
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*City	
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*Phone (w	ith STD/ISD code)
·	present residential address same as permanent residential address
Present a	ddress
*Line I	
Line II	
*City	
*State/ Un	ion Territory *Pin code
* ISO Cou	ntry code Country
*Phone (w	vith STD/ISD code) -
*Duration	of stay at present address Years Months
If Duration	n of stay at present address is less than one year then address of previous residence
*Proof of	identity *Residential Proof
Voter's ide	entity card number
Driving lic	ense number
Aadhaar N	Number Sumber
	e proof of identity and proof of address under attachments.
	f shares subscribed Number of subscribed shares Amount of shares subscribed
Equity shar	
Preference	
Number of	entities in which director have interest
*Registrat	ion number
*Name	
*Address	
Nature of interest	*Designation
interest	Percentage of Shareholding Amount
	Others (specify)
	obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments or to subscription of shares and the same has been obtained, and is enclosed herewith.
or	d to obtain the Government approval under the Foreign Exchange Management (Non-debt Instrume
Rules, 2019 prid	or to subscription of shares.
(e) *Particular	s of directors (other than first subscribers)
*Directo	or Identification number (DIN)
*Name	
*Gende	r *Date of Birth *Nationality

Whether	Chairman
*Name of the o	company or institution whose nominee the appointee is
*email ID	
Number of en	tities in which director have interest (Need not to mention is having CIN/FCRN/LLPIN)
*Registration	number
*Name	
*Address	
Nature of interest	*Designation
interest	Percentage of Shareholding Amount
	Others (specify)
*First Name	
Middle Name	
*Surname	
*Father's first na	
Father's middle	name
*Father's surnar	ne
*Gender	*Date of Birth *Nationality
*Place of Birth	
*Whether citizen	of India  Yes  No *Whether resident in India Yes  No
	Solf Employed O Professional O Hamamakar O Student O Samila
*Occupation typ	e Self Employed Professional Homemaker Student Service
*Occupation typ  *Area of Occupa	
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*Area of Occupa  If 'Others' select  *Educational Qut  * PAN	ation ted, please specify alification  Passport number
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*Area of Occupation If 'Others' selection in the 'Others' selection in the 'Education al Quitarian in the 'Pan   *Designation   Whether   Whether	ted, please specify  alification  Passport number  *Category  Chairman
*Area of Occupation If 'Others' selection in the core of the core	ted, please specify  alification  Passport number  *Category  Chairman
*Area of Occupation If 'Others' select telection in the Education and Quantum PAN   *Designation   Whether   *Name of the cortest telection in the Cortest in the Education in the Cortest	ted, please specify  alification  Passport number  *Category  Chairman
*Area of Occupation If 'Others' selection In Interest Selection Interest In	ted, please specify  alification  Passport number  *Category  Chairman
*Area of Occupation If 'Others' selection If 'Others' selection If 'Others' selection If 'PAN   *Designation If 'Passignation	ted, please specify  alification  Passport number  *Category  Chairman
*Area of Occupation If 'Others' selection If 'Others' selection If 'Others' selection If 'PAN   *Designation If 'Passignation If 'Passignation If	ted, please specify alification Passport number  *Category  Chairman
*Area of Occupation If 'Others' select   *Educational Qut   * PAN   *Designation   Whether   *Name of the core   *email ID   Permanent Addres   *Line I   Line II   *City	ted, please specify alification Passport number  *Category  Chairman

*	Line I							
L	ine II							
*	City							
*	State/ Union	Territory *Pin code						
*	ISO Country	y code Country						
*[	*Phone (with STD/ISD code)							
*	*Duration of	stay at present address Years Months						
I	If Duration of	of stay at present address is less than one year then address of previous residence						
*	Proof of ide	*Residential Proof						
V	oter's identi	ity card number						
	Driving licens	se number						
A	Aadhaar Nur	mber						
5	Submit the p	proof of identity and proof of address under attachments.						
1	Number of e	entities in which director have interest						
	*Registratio	on number						
-	*Name	in number						
_	*Address							
-	7.00.000							
	Nature of interest	*Designation						
		Percentage of Shareholding Amount						
		Others (specify)						
V. OPC No	omination							
9. <b>(a) *No</b>	mination							
*	haaribar ta th	ha mamarandum of accepiation of						
the sur	bscriber to tr	he memorandum of association of						
do her	reby nomina	tte *						
		the member of the company in the event of my death or incapacity to contract. I declare that the for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules, 2014.						
(b) *Par	rticulars of	the Nominee						
Direc	ctor Identifica	ation number (DIN)						
*First	t Name							
Midd	lle Name							
*Surr	name							
*Fath	ner's First na	ame						
Fathe	er's Middle n	name						
*Fath	ner's Surnam	ne						
*Ger	nder	*Date of Birth *Nationality						
*Inco	ome tax PAN	N						
Aad	dhaar numb	er						

*Place of E	Birth (District an	nd State)							
*Occupation	on type								
*Area of O	ccupation								
*Education	nal qualification	n							
Permaner	Permanent Address								
*Line I									
Line II									
*City									
*State/Uni	on Territory			*Pin code					
* ISO Cou	ntry code	Country							
*Phone (w	ith STD/ ISD co	ode)	-						
Mobile (wi	ith country code	e)							
Fax									
*email id									
-		s is same as the perr	nanent address	Yes	○ No				
Present A	aaress								
*Line I									
Line II									
*City	on Torritory			*Din d-					
* ISO Cou	on Territory	Country		*Pin code					
	ith STD/ ISD co								
	ט טפו /טוצ וווו	ode)							
Mobile _									
Fax	of stay at the r	propert address		anda) Manuti	- /- \				
Duration	or stay at the p	present address	Ye	ar(s) Month	1(S)				
If Duration	n of stay at pres	sent address is less t	han one year th	en address of previous re	sidence				
*Proof of i	identity		*Residen	tial Proof					
VI. Stamp Duty 10. Particulars o	f payment of s	stamp duty							
(a) State or U duty is paid o		in respect of which	stamp						
(b) *Whether st	amp duty is to	be paid electronically	through MCA2	21 system ○ Yes ○	No Not applicable				
	stamp duty to b		C	, 0	, rot applicable				
	pe of t/Particulars	Fo	orm	Memorandum of association	Articles of association				
Amount of stamp du	ity to be paid								

(ii) Provide details	of stamp duty	/ already paid								
Type of	F	orm	Memorand associat		Articles of	Others				
document/Particulars			associai	iion	association					
Total amount of stamp duty paid(in Rs.)										
Mode of payment of stamp duty										
Name of vendor or Treasury or Authority of 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										

At	achments	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 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 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 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.						
	*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					

	s) to give this declaration and to sign and submit this Form.
I further declare t	that, company shall not commence its business, unless all the required approval from the sectoral
· ·	as RBI, SEBI etc. have been obtained;
	that the company shall not commence the business of Nidhi, unless all the required approval claration be issued under section 406 of the Act have been obtained from Central Government.
$^{ot}$ and acknowledgi	e promoters and the first directors, hereby declare that the registered office is capable of receiving ing all communications and notices addressed to the proposed company on incorporation , shall be e given address at item 4 of this form;
declare, that the information giver complete, and no completely, corre	Ill the first director(s) named in the Articles of Association of the proposed company, solemnly declaration given herein as stated above are true to the best of my knowledge and belief, the in in this integrated application form for incorporation and attachments thereto are correct and othing relevant to this form has been suppressed. All the required attachments have been ectly and legibly attached to this form and are as per the original records maintained by the cribing to the Memorandum of Association and Articles of Association.
and declare that the provisions of proclaimed offen and not been alr 2013, and I furth	they are not restrained, disqualified, removed for being appointed as Director of a company under they are not restrained, disqualified, removed for being appointed as Director of a company under the Companies Act, 2013 including sections 164 and 169, and have not been declared as noter by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, ready allotted a Director Identification Number (DIN) under section 154 of the Companies Act, neer declare that I have read and understood the provisions of Sections 154, 155, 447 and 448 read 19, 450 and 451 of the Companies Act, 2013.
	e proposed directors, hereby declare that person seeking appointment is a national of a country which order with India, necessary security clearance from Ministry of Home Affairs, Government of India shall les consent.  Yes No (if yes is opted, a copy of the security clearance is to be attached)
☐ DIN/PAN/	/Passport Number
	,
having Members	ship Number and/or Certificate of practice number
has been engag	ged to give declaration under section 7(1) (b) and such declaration is attached.
furnishing of any information shal	is drawn to the provisions of sections 7(5) and 7(6) which, inter-alia, provides that y false or incorrect particulars of any information or suppression of any material II attract punishment for fraud under section 447. Attention is also drawn to provisions and 449 which provide for punishment for false statement and punishment for false ctively.
*To be digitall	ly signed by director
*DIN / PAN	
	Declaration and certification by professional
1	
member of	,
having office at *	
naving office at	
	n the formation of the company declare that I have been duly engaged for the purpose of
	s form. It is hereby also certified that I have gone through the provisions of the Companies Act,
ZUTS and fules the	ereunder for the subject matter of this form and matters incidental thereto and I have verified

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 filing date eForm Service request number (SRN)

This e-Form is he	reby registered		
Digital signature	of the authorising	officer	
Date of signing		(DD/MM/YY	YY)

(DD/MM/YYYY)