# FORM NO.INC-2

***Pursuant to section 3(1) and 7(1) of the Companies Act, 2013 and Rule 4, 10, 12 and 15 of the Companies (Incorporation) Rules, 2014***

सत्यमेव जयते

**One Person Company- Application for Incorporation**

**Form Language** ◉ **English** ◯ **Hindi**

**Refer the instruction kit for filing the form.**

1. *Service Request Number (SRN) of Form NO. INC-1 [ ] Pre-Fill

2. (a) Name of the company [ ]

(b) Type of Company is [ ] (c) Class of Company [ ]

(d) Category [ ] (e) Sub category [ ]

*(f) Whether the company is ◯ Having share capital ◯ Not having share capital

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

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

4. *Whether the address for correspondence will be the address of Registered office of the Company

◯ Yes ◯ No

I Address for correspondence till the date registered office of the company is established

*Line I [ ]

Line II [ ]

*City [ ]

*State/Union Territory [ ] *Pin code [ ]

*District [ ]

ISO Country Code [ ]

Country [ ]

*Phone (with STD/ISD code) [ ] - [ ]

Fax [ ]

*email ID of the company [ ]

6. *Main division of industrial activity of the company [ ]

Description of the main division [ ]

7. Particulars of Promoter (first subscriber to the MoA)

*Whether the promoter shall be the sole director of the company ◯ Yes ◯ No

Director Identification number (DIN) [ ] Pre-Fill

*Income-tax permanent account number (PAN) [ ] Verify Details

*First Name [ ]

Middle Name [ ]

*Surname [ ]

Family Name

* ◯ Father's Name ◯ Mother's Name ◯ Spouse's Name

*Gender ◯ Male ◯ Female ◯ Transgender

*Nationality *Date of Birth (DD/MM/YYYY)

*Place of Birth (District & State)

*Educational qualification

*Occupation Type ◯ Self-employed ◯ Professional ◯ Homemaker ◯ Student ◯ Serviceman

Permanent Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

ISO Country code

Country

*Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

*email id

*Whether present address is same as the permanent address ◯ Yes ◯ No

Present Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

*ISO Country code

Country

*Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

email id

*Duration of stay at present address year(s) month(s)

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

*Proof of identity

*Residential Proof

If already a director or promoter of a company(s), specify details of such company(s) (In case director or promoter in more than three companies, attach seperate sheet as an optional attachment)

Director ☐ Promoter ☐

Name of the company

Director ☐ Promoter ☐

Name of the company

Director ☐ Promoter ☐ Pre-fill all

Name of the company

**8. *(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) Pre-Fill

*Income-tax permanent account number (PAN) Verify Details

*First Name

Middle Name

*Surname

Family Name

* ◯ Father's Name ◯ Mother's Name ◯ Spouse's Name

*Gender ◯ Male ◯ Female ◯ Transgender

*Nationality *Date of Birth (DD/MM/YYYY)

*Place of Birth (District & State)

*Educational qualification

*Occupation Type ◯ Self-employed ◯ Professional ◯ Homemaker ◯ Student ◯ Serviceman

Permanent Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

ISO Country code

Country

*Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

*email id

*Whether present address is same as the permanent address ◯ Yes ◯ No

Present Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

*ISO Country code

Country

*Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

email id

*Duration of stay at present address year(s) month(s)

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

*Proof of identity

*Residential Proof

9. (a) *Whether the Articles are entrenched or not (if yes, entrenched Articles should be annexed thereto) ◯ Yes ◯ No

10. Particulars of payment of stamp duty (Refer instruction kit for details before filling the particulars)

(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

**Attachments**

| | | |
|---|---|---|
| 1. * Memorandum of Association | Attach | List of attachments |
| 2. * Articles of Association | Attach | |
| 3. * Proof of identity of the member and the nominee | Attach | |
| 4. * Residential proof of the member and the nominee | Attach | |
| 5. * Copy of PAN card of member and nominee | Attach | |
| 6. * Consent of Nominee in Form NO. INC-3 | Attach | |
| 7. * Affidavit from the subscriber and first Director to the memorandum in Form NO. INC-9 | Attach | |
| 8. List of all the companies (specifying their CIN) having the same registered office address, if any; | Attach | |
| 9. Specimen Signature in Form NO. INC-10 | Attach | |
| 15. Optional Attachment, if any | Attach | |

Remove attachment

**Declaration**

I, * 

a person named in the articles as a * declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect to the registration of the company and matters precedent or incidental thereto have been complied with. I am authorized by 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. It is further declared and verified that

1. Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.
2. All the required attachments have been completely, correctly and legibly attached to this form.

* **To be digitally signed by**

*

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

**Note: Attention is drawn to provisions of section 7(5) and 7(6) which, *inter-alia*, provides that furnishing of any false or incorrect particulars of any information or suppression of any material information shall attract punishment for fraud under section 447. Attention is also drawn to provisions of sections 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.**

Modify | Check Form | Prescrutiny | Submit

**For office use only:**

Affix filing details

eForm Service request number (SRN) 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)