## 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 L	anguage
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English

Hindi

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

	ed in * are mandatory.			
Structure of	the Company			
1(a) *Whether	AOA is entrenched?			○ Yes
(b) Number o	f Articles to which provision	ns of entrenchment is applicable		
Details of suc	ch articles			
Sr. No.	Article Number	Short descr	iption on ent	renchment of the clause
1				
2 *Company i	S			
<ul><li>Having Sha</li></ul>	re Capital			
O Not having	share capital			
3A Capital st	ructure of the company			
Total authoriz	zed share capital (in INR)			1000000
Total classifie	d authorized share capital (	in INR)		1000000
Total subscribed share capital (in INR)			100000	
*Total unclassified authorized share capital (in INR) 0		0		
3A(i) *Equity	share capital			
Number of cla	asses			1
Description of	of equity share capital			
C	Class of shares			

Class of shares	Authorized capital	Subscribed capital
Number of equity shares	100000	10000
Nominal amount per share (in INR)	10	10
Total amount (in INR)	1000000	100000

### 3A(ii) \*Preference share capital

Number of classes

0

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 me	embers	
(b) Maximum number of members ex	cluding proposed employees	
(c) Number of members		
(d) number of members excluding pr	oposed employee(s)	
4 Address of the Company	1	
4A *Correspondence Address		
*Line 1		656/ P-124 UNITY CITY
Line 2		BAHADURPUR LUCKNOW
*Pin code		226022
Contact Details : Mobile No.		73*****99
Contact Details: Phone No. (with STD o	code)	
*State/UT		Uttar Pradesh
*District		Lucknow
*City		Lucknow
*Area/Locality		Vikas Nagar
Fax		
*email ID of the company		Aj**************il.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	77.17737
Latitude	31.07198
Attachments:	
<ol> <li>Proof of Office address along with NOC, if applicable (Conveyance/ Lease deed /Rent Agreement along with rent receipts);</li> </ol>	1RENT AGREEMENT.pdf
2. Copy of the utility bills (not older than two months);	1BILL_compressed.pdf
4C *Name of the office of the Registrar of Companies in which the proposed company is to be registered  Registrar of Company	anies, 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	2
(b) Number of non -individual first subscriber(s)		0
(c) Number of individual first subscriber(s) cum director(s)	0	2
(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	2

# 6 Particulars of Non- Individual Subscribers / Individual Subscribers other than Subscriber(s) cum Directors 6A \*Particulars of non-individual first subscriber(s) 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 othr 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) Particulars of the person authorized by the entity 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/Goverment/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	
City	
District	
District	
District *State/UT	
District  *State/UT  *Phone (with STD/ISD code)	
*State/UT *Phone (with STD/ISD code) Fax	
*State/UT  *Phone (with STD/ISD code)  Fax  email ID of the company	
*State/UT  *Phone (with STD/ISD code)  Fax  email ID of the company  *Identity Proof	

*Residential Proof No.		
Submit the proof of identity and proof	of address	
(a) *Proof of identity		
(b) *Residential Proof		
(a) nesidential i root		
Description of Share capital		
Total subscribed share capital (in INR)		
Description of equity share capital		
*Number of classes		
Class of shares		
Class Of Strates	_	Subscribed capital
Number of equity shares		
Nominal amount per share (in INR)		
Total amount (in INR)		
Description of preference share capital		
Description of preference share capital	I	
*Number of classes		
*Number of classes	I	
		Subscribed capital
*Number of classes  Class of shares		Subscribed capital
*Number of classes		Subscribed capital
*Number of classes  Class of shares		Subscribed capital
*Number of classes  Class of shares  Number of preference shares		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)		Subscribed capital

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	
Number of equity shares		
Nominal amount per share (in INR)		
Total amount (in INR)		
Description of preference share capital *Number of classes	0	
Class of shares	Subscribed capital	
Class of shares  Number of preference shares	Subscribed capital	
	Subscribed capital	
Number of preference shares	Subscribed capital	

6C *Particulars of individual first subscriber(s) other than subscriber of	um 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/Goverment/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 Address		
*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 Address		
*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 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			
(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	
Number of equity shares			
Nominal amount per share (in INR)			
Total amount (in INR)			
Description of the format of the second of t			
Description of preference share capita			
process process and compress	•		
*Number of classes		0	
		0	
*Number of classes	_	0 Subscribed capital	
*Number of classes			
*Number of classes  Class of shares  Number of preference shares			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			
*Number of classes  Class of shares  Number of preference shares  Nominal amount per share (in INR)			

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/Nor	minee director)		
*Category			
(Promoter/Professional/Independent/Nominee)			
Whether			
Chairman			
Executive Director			
Non-executive Director			
*Nlana af the agreement of institution who			
*Name of the company or institution whos	e nominee the apointee is		
*email ID			
Description of Share capital			
Total subscribed share capital (in INR)			
Description of equity share capital			
*Number of classes			
Class of shares			
Class of shares		Subscribed capital	
Number of equity shares			
Nominal amount per share (in INR)			
Total amount (in INR)			
, ,			
Description of preference share capital			
*Number of classes			

Class of shares		Subscribed capital	
Number of prefer	ance shares		
Nominal amount p			
Total amount (in I	NK)		
7A(ii) Declaratio	n of entities in which S	bscribers cum directors have interest	
Number of entitie	es in which director has int	rest	
*CIN/LLPIN/FCRN	/Registration Number		
*Name			
*Address			
*Nature Of	*Designation	Other(specify)	
Percentage of Shareho		ding 0 Amount (in INR)	

## 7B Particulars of Subscriber(s) cum Directors (Not having valid DIN) 7B(i) Basic detail of Subscriber(s) cum Directors \*First Name AJAY Middle Name \*Surname **KUMAR** \*Father's First Name KRIPASHANKAR Father's Middle Name \*Father's Surname \*Gender Male (Male/Female/Transgender) \*Date of Birth (DD/MM/YYYY) 17/05/1993 \*Nationality India **UTTAR PRADESH** \*Place of Birth (District & State) Whether citizen of India Yes $\bigcirc$ No Whether resident in India Yes ○ No **Business** \*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) Others \*Area of Occupation If 'Others' selected, please specify Others \*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) CO\*\*\*\*\*8E PAN \*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 apointee is	
*Mobile No	+91******99
*email ID	Aj*******************il.com
Permanent Address	
*Line 1	9 ABHISHEKPURI, SHUSHMA NAGAR
Line 2	S.S. PUBLIC SCHOOL VIKAS NAGAR
*Country	India
*Pin code	226022
*Area/Locality	Vikas Nagar
*City	Lucknow
District	Lucknow
*State/UT	Uttar Pradesh
Phone (with STD/ISD code)	
*Whether present residential address same as permanent residential address	
*Present Address	
*Line 1	9 ABHISHEKPURI, SHUSHMA NAGAR
Line 2	S.S. PUBLIC SCHOOL VIKAS NAGAR
*Country	India
*Pin code	226022
*Area/Locality	Vikas Nagar
*City	Lucknow
District	Lucknow
State/UT	Uttar Pradesh
Phone (with STD/ISD code)	

(Years -> 0 to 99	ionalj	5/0	
	Ouration of stay at present address (Years/Month)  Years -> 0 to 99		
Month -> 0 to 11)			
*If Duration of stay at present address is less residence	s than one year then address of pro	evious	
Identity Proof		Aadhar Card	
(Voter Identity Card/Passport/Driving License/Aad	lhaar)		
*Residential Proof		Bank Statement	
(Voter Identity Card/Passport/Driving License/Aad	lhaar)		
*Identity Proof No.		218802649150	
Residential Proof No.		50100299198403	3
*Submit the proof of identity and proof	of address		
(a) *Proof of identity		CQSPK3878E_aja	ay adhar.pdf
(b) *Residential Proof		CQSPK3878E_Aja	ay Acc Statement.pdf
Description of Share capital			
Total subscribed share capital (in INR)			
Description of equity share capital			
*Number of classes			1
Class of shares			
1		Subscribed cap	ital
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 cap	ital
Number of preference shares			
Nominal amount per share (in INR)			
Total amount (in INR)			

7B(ii) Declaratio	n of entities in which Subscr	ribers cum directors have i	nterest	
*Number of entit	ies in which director has interes	t	0	
*CIN/LI PIN/FCRN	/Registration Number			
*Name	, negistration ramber			
*Address				
*Nature Of interest	*Designation	Director	Other(specify)	
interest	Percentage of Shareholding	0	Amount (in INR)	
7B Particulars of	f Subscriber(s) cum Directors	s (Not having valid DIN)		
7B(i) Basic detai	l of Subscriber(s) cum Direct	tors		
*First Name			VIDYANAND	
Middle Name				
*Surname		RAY		
*Father's First Name		MITHILESH		
Father's Middle N	ame			
*Father's Surnam	e		RAY	
*Gender			Male	
(Male/Female/Trans	sgender)			
*Date of Birth (DI	D/MM/YYYY)		01/01/1994	
*Nationality			India	
*Place of Birth (D	istrict & State)		UTTAR PRADESH	
Whether citizen o	f India		Yes	○ No
Whether resident	in India		Yes	○ No
*Occupation type			Business	

(Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others)	
*Area of Occupation	Others
If 'Others' selected, please specify	Others
*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	BL*****3G
*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 apointee is	
*Mobile No	+91******54
*email ID	Vn********il.com
Permanent Address	
*Line 1	VILL HASOPUR PO HASOPUR
Line 2	THANA KHANPUR
*Country	India
*Pin code	848117
*Area/Locality	Khanpur
*City	Samastipur
District	Samastipur
*State/UT	Bihar
Phone (with STD/ISD code)	

*Present Address	
*Line 1	VILL HASOPUR PO HASOPUR
Line 2	THANA KHANPUR
*Country	India
*Pin code	848117
*Area/Locality	Khanpur
*City	Samastipur
District	Samastipur
State/UT	Bihar
Phone (with STD/ISD code)	
Duration of stay at present address (Years/Month)	5/0
(Years -> 0 to 99 Month -> 0 to 11)	
*If Duration of stay at present address is less than one year then address of pr residence	evious
*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.	908402900692
Residential Proof No.	3689584728
*Submit the proof of identity and proof of address	
(a) *Proof of identity	BLCPR1083G_Vidya adhar.pdf
(b) *Residential Proof	BLCPR1083G_Vidya bank staement.pdf
Description of Share capital	
Total subscribed share capital (in INR)	
Description of equity share capital	
*Number of classes	1

	ess of shares	Subscribed capital		
	1			
Number of equity	shares		5000	
Nominal amount p	per share (in INR)		10	
Total amount (in I	NR)		50000	
			_	
	reference share capital			
*Number of classo	es			
Cla	ess of shares			
			Subscribed capital	
Number of prefere	ence shares			
Nominal amount p	per share (in INR)			
Total amount (in I	NR)			
	on of entities in which Subsc			
"Number of entiti	ies in which director has intere	st	0	
*CIN/LLPIN/FCRN	/Registration Number			
*Name				
L F				
*Address				
*Nature Of	*Designation	Director	Other(specify)	
interest	Percentage of Shareholding	0	Amount (in INR)	

7C Particulars o	f Directors (having valid DIN)	
7C(i) Basic Deta	ils of Directors	
*Director Identifi	cation Number (DIN)	
*Name		
*Designation (Director/Managing D	irector/Whole time director/Nominee director)	
*Category		
(Promoter/Profession	al/Independent/Nominee)	
Whether  Chairman  Executive Direction  Non-executive		
Name of the com	pany or institution whose nominee the apointee is	
*email ID		
	on of entities in which Subscribers cum directors have interest es in which director has interest	est
*CIN/LLPIN/FCRN	/Registration Number	
*Name		
*Address		
*Nature Of interest	*Designation  Percentage of Shareholding 0	Other(specify)  Amount (in INR)

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		
(Male/Female/Transgender)		
*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/Goverment/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 apointee is	
*Mobile No	
*email ID	
Permanent Address	
*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 Address	
*Line 1	
Line 2	
*Country	
*Pin code	
*Area/Locality	
*City	
District	
*State/UT	
Phone (with STD/ISD code)	

Duration of stay a	at present address (Years/Month)	
(Years -> 0 to 99 Month -> 0 to 11)		
If Duration of stay	y at present address is less than one year then us residence	
*Identity Proof		
(Voter Identity Card	//Passport/Driving License/Aadhaar)	
*Residential Prod	of	
(Voter Identity Card	//Passport/Driving License/Aadhaar)	
*Identity Proof N	lo.	
Residential Proof	f No.	
*Submit the pro	oof of identity and proof of address	
(a) *Proof of iden	itity	
(b) *Residential F	Proof	
7D(ii) Declaratio	on of entities in which directors have interest	
Number of entitie	es in which director has interest	
*CINI/I I DINI/ECDN	I/Registration Number	
	r/Negistration Number	
*Name		
*Address		
	I	
*Nature Of	*Designation	Other(specify)
interest	Percentage of Shareholding 0	Amount (in INR)
	I	

8 OPC Nomination	
8A *Nomination   *	
	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 eligible for nomination within the meaning of Rule 3 of the Companies (Incompanies)	
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	
(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	
*Mobile No	
*Email Id	
Permanent address	
*Line 1	
Line 2	
*Country	
*Area/ Locality	
*Pin code / Zip Code	
*State/UT	
*City	
District	
Phone (with STD/ISD code)	
Fax	
Whether present residential address same as permanent residential address	○ Yes ○ No

*Present Address	
Fresent Address	
*Line 1	
Line 2	
*Area/Locality	
*Pin code	
*Country	
*City	
State / UT	
District	
Phone(with STD/ISD code)	
Fax	
Duration of stay at present address (Years/Month)	
(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	
(Voters Identity Card/ Passport/Driving License/Aadhaar)	
*Residential Proof	
(Voters Identity Card/ Passport/Driving License/Aadhaar)	

*Identity	/ Proof No.				
*Resider	ntial Proof No.				
Submit tl	he proof of identity and proof of addres	s			
(a) *Proc	of of identity		MAX 2MB		
(b) *Resi	dential proof		MAX 2MB		
Declara	tion by Nominee				
the pro	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				
	ot a nominee in any other One Person Con ibed period. I understand that the person (				
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 O No (	Not applicable			
9B(i) D	Details of stamp duty to be paid				
	Type of document/ Particulars	Form	Memorandum of association	Articles of association	
ľ	Amount of stamp duty to be paid (in				

Rs.)

Page 2	7 of 32
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0D/::\ D****;4*	dotaile of	c+ a ma m d + .	y already paid
apilii Liovide	details of	Stamp duty	v aireauv paiu

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 authorized 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 embossingor stampsor stamppaper or treasury challannumber  Registration number of vendor  Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MM/YYYY)  Place of purchase of stamp paper or payment of stamp paper or payment of stamp duty	orm	Memorandu		Articles of association	Others
Mode of payment of stamp duty  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 documents or to dispense stamp vouchers on behalf of the Government  Serial number of embossingor stampsor stampaper or treasury challannumber  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 stamps or stamp paper or payment of stamp duty  (DD/MM/YYYYY)  Area Code  LKN					
Mode of payment of stamp duty  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 documents or to dispense stamp vouchers on behalf of the Government  Serial number of embossingor stampsor stamppaper or treasury challannumber  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 stamps or stamp paper or payment of stamp duty  *Additional Information for applying Peformation specific to PAN  Area Code  LKN					
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LKN WT 131 1					
Income from Business/profession Income from other source		Carrier Carrier	ıl Gains		me from house property

*Business/Profession code 20				
Attachments				
(a) Memorandum of association	MAX 2MB			
b) Articles of association MAX 2MB				
(a) Declaration by first subscriber(a) and discreter(a).				
<ul><li>(c) Declaration by first subscriber(s) and director(s);</li><li>(Affidavit is not required to be attached);</li></ul>	MAX 2MB			
) Copy of certificate of incorporation of the foreign body corporate and solution passed by foreign company or authority given through onstitutional document;				
(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)  MAX 2MB				
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 amende 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 * AJAY KUMAR				
person named in the articles as a director of the company has been duly form and declare that all the requirements of the Companies Act, 2013 a Identification Number (DIN), registration of the company and matters pr	and the rules made thereunder in respect of Director			
✓ I am authorized by the promoter subscribing to the Memorandum of Ass to give this declaration and to sign and submit this Form.	sociation and Articles of Association and the first director(s)			
✓ I further declare that, company shall not commence its business, unless as RBI, SEBI etc. have been obtained.	all the required approval from the sectoral Regulators such			
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 d acknowledging all communications and notices address at item 4 (a)of this form;	•	•	<u>-</u>
*I, on behalf of all the first director(s) name declaration given herein as stated above are tru application form for incorporation and attachm suppressed. All the required attachments have records maintained by the promoters subscribing	ue to the best of my knowledge and ents thereto are correct and comple been completely, correctly and legil	belief, the informati ete, and nothing rele bly attached to this f	on given in this integrated evant to this form has been form and are as per the original
I, on behalf of the proposed Directors whose they are not restrained, disqualified, removed for Act, 2013 including sections 164 and 169, and he Judicial Magistrate Court or High Court or any of section 154 of the Companies Act, 2013, and 1 for and 448 read with Sections 449, 450 and 451 of	for being appointed as Director of a part of a part of a part of the proclaime of the Court, and not been already alfurther declare that I have read and	company under the ed offender by any Ed lotted a Director Ide	provisions of the Companies conomic Offence Court or ntification Number (DIN) under
I, on behalf of the proposed directors, hereland border with India, necessary security clears consent. Yes • No (if yes is		, Government of Indi	a shall be attached with the
☐ DIN/PAN/Passport Number			
The MoA and AoA attached to the form in ha	ard copy is exactly similar to e-MoA	and e-AOA to be att	ached with the form.
I hereby declare as per Rule 5(iv) of Compan  Part of the Act has filed all documents which			·
SATYAM GUPTA	a Chartered Accountant		having Membership number
***** and	or certificate of practice number	178096	
has been engaged to give declaration under se	ection 7(1) (b) and such declaration	n is provided below	
*To be digitally signed by director			
*DIN/PAN	CQ**	*****8E	
11 Declaration and Certification by Profession	nal		
I SATYAM GUPTA			member of
The Institute of Chartered Accountant of Inc	dia		having office at*
C-4023, RAJAJIPURAM, LUCKNOW - 226017			

is h of t orig	o is engaged in the formation of the company declare that I have been duly engaged for the purpose of certification of this form. It ereby also certified that I have gone through the provisions of the Companies Act, 2013 and rules thereunder for the subject matter his form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the ginal/certified records maintained by the applicant which is subject matter of this form and found them to be true, correct and applicate 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 l	oe digitally signed by
•	Chartered accountant (in whole-time practice) or
$\circ$	Company secretary (in whole-time practice)
$\circ$	Cost accountant (in whole-time practice) or
$\circ$	Advocate
Wh	ether associate or fellow:
	Associate
Me	embership number *****

Certificate of practice number	178096			
Income-tax PAN	BM*****4A			
For office use only:				
eForm Service request number (SRN) / Reference Number	1-14603629590			
eForm filing date (DD/MM/YYYY)	30/07/2024			
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.				