

# FORM 1

## Application and declaration for incorporation of a company

[Pursuant to sections 33(1) and (2) of the Companies Act, 1956]

**Note - All fields marked in \* are to be mandatorily filled.**

1. \*Indicate Registrar of Companies (RoC) reference number for name approval (Service request number (SRN) of Form 1A)
- 2.(a) Name of the company   
(b) \*Type of the company ☐ New company (others) ☐ Section 25 company ☐ Part IX company ☐ Producer (Part IXA) company  
(c) Whether the company is public or private ☐ Public ☐ Private  
(d) \*Category  (e) \*Sub-category   
(f) Section 25 licence number   
(g) \*Whether the company is ☐ Having share capital ☐ Not having share capital
3. Name of the state in which the company is to be registered
4. Name of office of the Registrar of Companies in which the company is to be registered
5. Capital structure of the company, in case of company having share capital  
(a) Authorised capital of the company (in Rs.)   
Break up of Authorised capital  
Number of equity shares  Total amount of equity shares (in Rs.)   
Nominal amount per equity share   
Number of preference shares  Total amount of preference shares (in Rs.)   
Nominal amount per preference share   
(b) Subscribed capital of the company (in Rs.)   
Break up of Subscribed capital  
Number of equity shares  Total amount of equity shares (in Rs.)   
Nominal amount per equity share   
Number of preference shares  Total amount of preference shares (in Rs.)   
Nominal amount per preference share
6. Details of number of members, in case of company not having share capital  
(a) Enter the maximum number of members   
(b) Maximum number of members excluding proposed employee(s)
7. \*Main division of industrial activity of the company   
Description of the main division
8. \*Enter the number of promoters (first subscribers to the Memorandum of association (MoA))

**Particulars of Promoters (first subscribers to the MoA)**

I.

|                                                                                                                                                                                                                                    |                          |                                                    |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------|
| *Category                                                                                                                                                                                                                          |                          | <input type="text"/>                               |                                   |
| *Director Identification number (DIN) or Income-tax permanent account number (Income-tax PAN) or passport number or corporate identity number (CIN) or foreign company registration number (FCRN) or any other registration number |                          | <input type="text"/>                               |                                   |
| *Name                                                                                                                                                                                                                              |                          |                                                    |                                   |
| <input type="text"/>                                                                                                                                                                                                               |                          |                                                    |                                   |
| <input type="radio"/> Father's name <input type="radio"/> Husband's name                                                                                                                                                           |                          |                                                    |                                   |
| <input type="text"/>                                                                                                                                                                                                               |                          |                                                    |                                   |
| Nationality                                                                                                                                                                                                                        | <input type="text"/>     | Date of birth                                      | <input type="text"/> (DD/MM/YYYY) |
| Occupation                                                                                                                                                                                                                         | <input type="text"/>     |                                                    |                                   |
| Voter identity card number                                                                                                                                                                                                         | <input type="text"/>     |                                                    |                                   |
| Others (specify)                                                                                                                                                                                                                   | <input type="text"/>     |                                                    |                                   |
| Permanent address                                                                                                                                                                                                                  |                          |                                                    |                                   |
| *Address                                                                                                                                                                                                                           | Line I                   | <input type="text"/>                               |                                   |
|                                                                                                                                                                                                                                    | Line II                  | <input type="text"/>                               |                                   |
| *City                                                                                                                                                                                                                              | <input type="text"/>     |                                                    |                                   |
| *State                                                                                                                                                                                                                             | <input type="text"/>     | *Pin code                                          | <input type="text"/>              |
| *ISO country code                                                                                                                                                                                                                  | <input type="text"/>     |                                                    |                                   |
| Country                                                                                                                                                                                                                            | <input type="text"/>     |                                                    |                                   |
| Phone                                                                                                                                                                                                                              | <input type="text"/>     | Fax                                                | <input type="text"/>              |
| e-mail ID                                                                                                                                                                                                                          | <input type="text"/>     |                                                    |                                   |
| *Whether present address is same as the permanent address                                                                                                                                                                          |                          | <input type="radio"/> Yes <input type="radio"/> No |                                   |
| Present address                                                                                                                                                                                                                    |                          |                                                    |                                   |
| *Address                                                                                                                                                                                                                           | Line I                   | <input type="text"/>                               |                                   |
|                                                                                                                                                                                                                                    | Line II                  | <input type="text"/>                               |                                   |
| *City                                                                                                                                                                                                                              | <input type="text"/>     |                                                    |                                   |
| *State                                                                                                                                                                                                                             | <input type="text"/>     | *Pin code                                          | <input type="text"/>              |
| *ISO country code                                                                                                                                                                                                                  | <input type="text"/>     |                                                    |                                   |
| Country                                                                                                                                                                                                                            | <input type="text"/>     |                                                    |                                   |
| Phone                                                                                                                                                                                                                              | <input type="text"/>     | Fax                                                | <input type="text"/>              |
| Number of shares subscribed                                                                                                                                                                                                        | <input type="text"/>     | Total amount of shares subscribed (in Rs.)         | <input type="text"/>              |
| 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 separate sheet as an optional attachment)                                 |                          |                                                    |                                   |
| Director                                                                                                                                                                                                                           | Promoter                 | CIN                                                |                                   |
| <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="text"/>                               |                                   |
| Name of the company                                                                                                                                                                                                                |                          |                                                    |                                   |
| <input type="text"/>                                                                                                                                                                                                               |                          |                                                    |                                   |
| Director                                                                                                                                                                                                                           | Promoter                 | CIN                                                |                                   |
| <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="text"/>                               |                                   |
| Name of the company                                                                                                                                                                                                                |                          |                                                    |                                   |
| <input type="text"/>                                                                                                                                                                                                               |                          |                                                    |                                   |
| Director                                                                                                                                                                                                                           | Promoter                 | CIN                                                |                                   |
| <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="text"/>                               |                                   |
| Name of the company                                                                                                                                                                                                                |                          |                                                    |                                   |
| <input type="text"/>                                                                                                                                                                                                               |                          |                                                    |                                   |

## 9. Particulars of payment of stamp duty

State or Union territory in respect of which stamp duty is paid

| Type of document/<br>Particulars                                                                                                                                                                                                               | Form 1               | Memorandum of<br>association | Articles of<br>association | Others               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|----------------------------|----------------------|
| *Total amount of stamp<br>duty paid (in Rs.)                                                                                                                                                                                                   | <input type="text"/> | <input type="text"/>         | <input type="text"/>       | <input type="text"/> |
| Mode of payment of<br>stamp duty                                                                                                                                                                                                               | <input type="text"/> | <input type="text"/>         | <input type="text"/>       | <input type="text"/> |
| Name of vendor or<br>Treasury or Authority or<br>any other competent<br>agency authorised to<br>collect stamp duty or to<br>sell stamp papers or to<br>emboss the documents or<br>to dispense stamp<br>vouchers on behalf of the<br>Government |                      |                              |                            |                      |
| Serial number of<br>embossing or stamps or<br>stamp paper or treasury<br>challan number                                                                                                                                                        |                      |                              |                            |                      |
| Registration number of<br>vendor                                                                                                                                                                                                               |                      |                              |                            |                      |
| Date of purchase of<br>stamps or stamp paper or<br>payment of stamp duty<br>(DD/MM/YYYY)                                                                                                                                                       | <input type="text"/> | <input type="text"/>         | <input type="text"/>       | <input type="text"/> |
| Place of purchase of<br>stamps or stamp paper<br>or payment of stamp duty                                                                                                                                                                      |                      |                              |                            |                      |

10. Memorandum of association and Articles of association are submitted herewith.

### Attachments

List of attachments

- \*Memorandum of association
- \*Articles of association
- Annexure containing details of subscribers
- No objection certificate in case there is change in promoters (first subscribers to the MoA)
- Optional attachment(s) - if any

## Declaration

\*I,

☐ Son ☐ Daughter ☐ Wife of\*

do solemnly declare as under:

(i) \*That I am

- ☐ An advocate of the supreme court or a high court who is engaged in the formation of the company.
- ☐ An attorney or pleader entitled to appear before a high court who is engaged in the formation of the company.
- ☐ A company secretary (in whole-time practice) in India who is engaged in the formation of the company.
- ☐ A chartered accountant (in whole-time practice) in India who is engaged in the formation of the company.
- ☐ A person named in the articles as a director, manager or secretary of the company.

(ii) And I, further declare that the particulars given above are true to the best of my knowledge and belief;

(iii) Form 18 and 32 are also being filed simultaneously;

(iv) I further confirm that I am duly authorised to submit this application; and that all the particulars mentioned above are as provided in the articles of association as subscribed by the subscribers of the company;

(v) That all the requirements of the Companies Act, 1956 and rules there under in respect of all the matters precedent in the registration of the company and incidental thereto have been complied with and I make this solemn declaration conscientiously believing the same to be true;

(vi) That the company has paid correct stamp duty as per applicable Stamp Act.

## To be digitally signed by

A person named in the articles as director or manager or secretary of the company

Designation

DIN of the director; or

Income-tax PAN of the manager; or

Membership number, if applicable or income-tax PAN of the secretary

(secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

or

An advocate or attorney or pleader or company secretary or chartered accountant (in whole-time practice)

Income-tax PAN of the advocate or attorney or pleader

In case of a company secretary or chartered accountant (in whole-time practice), mention

Whether associate or fellow

☐ Associate

☐ Fellow

Membership number or certificate of practice number

---

## For office use only:

This eForm is hereby registered

Digital signature of the authorising officer