

FORM NO. INC-7

[Pursuant to Section 7(1) of the Companies Act, 2013 and pursuant to Rule 10, 12, 14, and 15 of the Companies (Incorporation) Rules, 2014]



Application for Incorporation of Company (Part I company and company with more than seven subscribers)

Form language ☐ English ☐ Hindi

Refer the instruction kit for filing the form.

1. *Service Request Number (SRN) of Form INC-1

Do not fill

2. (a) Name of the company

(b) Type of Company is

(c) Class of Company

(d) Category

(e) Sub category

(f) Section 8 license number

*(g) 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

(c) *Whether the address for correspondence will be the address of Registered office of the Company

☐ Yes ☐ No

(d) Address for correspondence till the registered office of the company is established

*Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
*State/Union Territory	<input type="text"/>		
*District	<input type="text"/>	*Pin code	<input type="text"/>
ISO Country code	<input type="text"/>		
Country	<input type="text"/>		
*Phone (With STD/ISD code)	<input type="text"/>	-	<input type="text"/>
Fax	<input type="text"/>		
*email ID of the company	<input type="text"/>		

4. I. *Capital structure of the company

(a) Authorized capital of the company (in Rs.)

(i) No. of classes of equity shares Total number of equity shares
 Total amount of equity shares (in Rs.)

Number of equity shares	Nominal amount per equity share	Total amount of equity shares
<input type="text"/>	<input type="text"/>	<input type="text"/>

(ii) No. of classes of preference shares Total number of preference shares
 Total amount of preference shares (in Rs.)

Number of preference shares	Nominal amount per preference share	Total amount of preference shares
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Subscribed capital of the company (in Rs.)

(i) No. of classes of equity shares Total number of equity shares
 Total amount of equity shares (in Rs.)

Number of equity shares	Nominal amount per equity share	Total amount of equity shares
<input type="text"/>	<input type="text"/>	<input type="text"/>

(i) No. of classes of preference shares Total number of preference shares
 Total amount of preference shares (in Rs.)

Number of preference shares	Nominal amount per preference share	Total amount of preference shares
<input type="text"/>	<input type="text"/>	<input type="text"/>

II. *Details of number of members

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

5. *Main division of industrial activity of the company

Description of the main division

6. *(a) Whether the proposed company shall be conducting any activities which require approval from any sectoral regulator (Like RBI in case of NBFI and Banking activities) to commence such activities ☐ Yes ☐ No

(b) If yes, please enter the name of such Regulatory authority and proposed activity

7. *Enter the number of promoters (first subscribers to the Memorandum of Association (MOA))

Particulars of Promoters (first subscribers to the MOA)

*Category	<input type="text"/>	<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"/>	<input type="text"/>
*First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
*Surname	<input type="text"/>	
Family Name	<input type="text"/>	
<input type="radio"/> Father's Name <input type="radio"/> Mother's Name <input type="radio"/> Spouse's name		
<input type="text"/>		
*Nationality	<input type="text"/>	*Date of Birth <input type="text"/>
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
*Place of Birth (District & State)	<input type="text"/>	
*Occupation type	<input type="text"/>	
*Area of Occupation	<input type="text"/>	
*Educational qualification	<input type="text"/>	
*Name of the entity	<input type="text"/>	
Income tax permanent Account Number (PAN) <input type="text"/>		
Permanent Address/Registered address/Principal place of business		
*Line I	<input type="text"/>	
Line II	<input type="text"/>	
*City	<input type="text"/>	
*State /Union Territory	<input type="text"/>	*Pin code <input type="text"/>
*ISO Country code	<input type="text"/>	
Country	<input type="text"/>	
*Phone (With STD/ISD code)	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	Fax <input type="text"/>
*email id	<input type="text"/>	
*Whether present address is same as the permanent address <input type="radio"/> Yes <input type="radio"/> No		
Present Address		

*Line I

Line II

*City

*State/Union Territory *Pin code

*ISO Country code

Country

*Phone(With STD/ISD code)

Mobile

Fax

*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

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"/>		

* Number of shares subscribed * Total amount of shares subscribed (in Rs.)

* Particulars of authorised person

a) Name of the authorised person

b) ☐ Father's Name ☐ Mother's Name ☐ Spouse's name

c) Gender ☐ Male ☐ Female ☐ Transgender

d) Nationality f) Date of Birth

f) Phone (With STD/ISD code) -

g) email ID

B. (a) *Whether the Articles are entrenched or not ☐ Yes ☐ No

(If yes, entrenched Articles should be annexed thereto)

(b) Number of Articles to which provisions of entrenchment shall be applicable

Details of Articles to which provisions of entrenchment shall be applicable

Sr. No.	Article Number	Content

9. Particulars of payment of stamp duty

(a) State or Union territory in respect of which stamp duty is paid or to be paid

Pre-Fill

(b) ¹ Whether stamp duty is to be paid electronically through MCA21 system

☐ Yes ☐ No ☐ Not applicable

(i) Details of stamp duty to be paid

Type of document/ Particulars	Form INC-7	Memorandum of association	Articles of association
Amount of stamp duty to be paid (in Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form INC-7	Memorandum of association	Articles of association	Others
Total amount of stamp duty paid (in Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mode of payment of stamp duty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of vendor or Treasury or Authority or 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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of purchase of stamps or stamp paper or payment of stamp duty				

10. Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)**

Information specific to PAN

Area code			AO type		Range code			AO No.			

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

11. Additional Information for Employer registration under Employee State Insurance Corporation (ESIC)

Type of Unit ☐ Factory ☐ Establishment

Exact nature of Work/ Business carried on

Work Sub category

Drop Down

Drop Down

**** This information is mandatorily required to be filled in case of applicants desirous of applying for PAN and or TAN at the time of incorporation of a company. This facility is available at the e-Biz portal only as per separate procedure prescribed by e-Biz portal.**

Attachments

- 1) *Memorandum of association
- 2) *Articles of association
- 3) *Declaration in Form No. INC-8
- 4) *Affidavit from each of the subscriber to the memorandum in Form No. INC-9
- 5) *Proof of residential address
- 6) Specimen Signature in Form No. INC-10
- 7) Proof of identity
- 8) Entrenched Articles of association
- 9) Copy of In-principle approval granted by the RBI or any concerned authority
- 10) NOC in case there is change in the promoters (first subscribers to Memorandum of Association)
- 11) Proof of nationality (in case the subscriber is a foreign national)
- 12) PAN card (in case of Indian national)

Attach

Attach

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- 13) Copy of certificate of incorporation of the foreign body corporate and registered office address
14) Copy of resolution/consent by all the partners or board resolution authorizing to subscribe to MOA
15) Optional attachment, if any

Attach

Attach

Attach

Declaration

I *

a person named in the articles as a director 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 other promoters subscribing to the Memorandum of Association and Articles of Association and the first directors 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 and legibly attached to this form;
3. a/an having Membership number and/or certificate of practice number has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

DSC BOX

*To be digitally signed by

Designation

*Director Identification Number

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 section 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:

Att's 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)