[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

0

SPICe+

	Plus)
	PART - A
1. (a) Type of Company	New Company(others)
LLPIN	
(b) Class of Company	Private
(c) Category of Company	Company Limited by Shares
(d) Sub-category of Company	Non-Government Company
2. Main division of industrial activity of co	ompany 24
Description of the main division	nufacture of chemicals and chemical products
Summary of the objects to be pursued by the	ne company on its incorporation
blenders, makers, researchers and de	cturers, processors, producers, purchasers, sellers, ealers in cosmetics, perfumes, scents, sprays, nail s, tooth pastes, tooth powder, hair oils, herbals,

creams, pomeds, ayurvedic and intermediates and their raw materials.

2. To purchase, sell, manufacture, produce, grow, import, export, pack, repack, refine, acquire, process, store, distribute, exchange or otherwise deal in all types o

You may include a document that supports your name reservation below.

3. Particulars of the proposed or approved name

(i)	ANCIENT VEDA MARKETING PRIVATE LIMITED
	PART - B

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 Number	Short description on entrenchment of the clause		

5. *Company is (•) Having share capital

O Not having share capital

6. (i) *Capital structure of the company

Total authorized share capital (in Rupees)

1,000,000.00

Authorized share capital	Equity	Preference	Unclassified
Number of shares	100,000	0	
Nominal amount per share (in Rupees)	10		
Total amount (in Rupees)	1,000,000	0	0

Total subscribed share capital (in Rupees)	.000
--	------

1,000,000

Subscribed share capital	Equity	Preference
Number of shares	100,000	0
Nominal amount per share (in Rupees)	10	
Total amount (in Rupees)	1,000,000	0
(ii) Details of number of members	-	

6.

(a) Enter the maximum number of members	0
(b) Maximum number of members excluding proposed employees	0
(c) Number of members	0
(d) Number of members excluding proposed employee(s)	0

III. Address of the Company

7. (a) *Correspondence address

[*] Line I	83/5, HLD-37/B DUM DUM ROAD					
[*] Line II	LP-128/2/2 KOLK	LP-128/2/2 KOLKATA				
*City	KOLKATA	KOLKATA				
*State/Union Territory	West Bengal-WB	West Bengal-WB			700074	
*District	Kolkata					
*Phone (with STD code)	011 -	9732581				
Fax						
*email ID of the company	biswajit1676@gm	ail.com				

(b) *Whether the address for correspondence is the address of registered office of the company () Yes (No

(c) *Name of the office of the Registrar of Companies in which the proposed company is to be registered

Registrar of Companies, West Bengal

IV. Subscriber and Directors Details

8. (a) *Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
Total number of first subscribers (non-individual + individual)	0	2
Number of non-individual first subscriber(s)		0
Number of individual first subscriber(s) cum director(s)	0	2
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

(b) *Particulars of non-individual first	t subscriber(s)	
*Category		
*Corporate identity number (CIN) or for registration number (FCRN) or any of number		Pre-Fill
*Name of the body corporate		
Registered office address or Principal p	place of business in India or Principa	I place of business outside India
*Line I		
Line II		
*City		
*State/ Union Territory	*Pin	code
* ISO Country code C	ountry	
*Phone (with STD/ISD code)		
Mobile	Fax	
*email id		
Particulars of the authorised person		
*First Name		
Viddle Name		
Surname		
'Father's first name		
ather's middle name		
Father's surname		
*Gender *Da	ate of Birth *Na	tionality
* O PAN O Passport number	Ver	rify Details
Aadhaar number		
*Place of birth (District and State)		
*Occupation type		
*Area of occupation		
*Educational Qualification		
Present address		
*Line I		
Line II		
*City		
*State/ Union Territory	*Pin code	;
* ISO Country code *Co	ountry	
*Phone (with STD/ISD code)		
-		
*Phone (with STD/ISD code)		
*Phone (with STD/ISD code) Mobile Fax		
*Phone (with STD/ISD code) Mobile Fax *email id Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
*Phone (with STD/ISD code) Mobile Fax *email id	Number of subscribed shares	Amount of shares subscribed

or

 I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

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

Ι.	*Director	Identification number (DIN	۱)	Pre-fill
	*Name			
	Kind	of shares subscribed	Number of subscribed shares	Amount of shares subscribed
	Equity sha	ires		
	Preference	e shares		

I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith. or

O I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

*First Name					
Middle Name					
*Surname					
*Father's first name					
Father's middle nam					
	e				
*Father's surname					
*Gender	*	Date of Birth		*Nationality	
*Place of Birth					
*Occupation type	Self Employed	d 🔘 Professio	nal 🔘 Homem	aker 🔿 Studer	nt 🔿 Servicem
*Area of Occupation	1				
If 'Others' selected,	please specify				
*Educational Qualific	ation				
* 🔿 PAN 🔿 Pass	port number		Ve	erify Details	
Aadhaar number	L			-	
*email ID					
Permanent Address					
*Line I					
Line II					
*City					
*State/ Union Territo	ry		*F	Pin code	
* ISO Country code	c	ountry			
*Phone (with STD/IS	D code)				
*Whether present re	sidential address	same as perma	inent residential a	address 🔿 Yes	
Present address					
*Line I					
Line II					
*City					
*State/ Union Territo	ry		*Pir	i code	
* ISO Country code		Country			
*Phone (with STD/IS	D code)		-		
*Duration of stay at	present address	Yea	ars I	Vonths	
If Duration of stay at	present address			ss of previous re	esidence
_					
*Proof of identity		*	Residential Proof		
Submit the proof o	f identity and pr				
Kind of shares s		Number of sub			hares subscribed
Equity shares					

I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.

or I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

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

*Director Ide	ntification n	umber (DIN)			Pre-fill	
*Name							
*Gender		*Date of	Birth	*Nationalit	ty		
*Designatior	ı			*Category			
Whether [Chairm	an 🗌	Executive direct	tor Non-exe	ecutive dire	ctor	
*Name of th	e company	or institutio	n whose nomine	ee the appointee is			
*email ID							
	shares subs	scribed	Number of s	ubscribed shares	Amoun	t of shares sub:	3cribed
Equity share Preference							
		high directo	r have interact (Nood not to montion			
	y is having (Need not to mentior			
*Registration	on number						
*Name							
*Address							
Nature of interest	*Desig	nation					
intereet	Percenta	ge of Share	holding	Am	iount		
	Others	s (specify)					
		overnment	approval undor	the Foreign Exchan	ao Monoad	mont (Non dok	
Rules, 2019 prior First Name Middle Nam	r to subscrip			der the Foreign Exc			
*Surname	Jar	าล					
*Father's firs	st name	Anil					
Father's mid	ldle name						
*Father's su	rname	Jana					
*Gender	Male		*Date of Birth	22/10/1982	*Nationa	lity INDIA	
*Place of Bi	rth HARIP	۹L			-		
*Whether cit	izen of India	a 💿 Yes	◯ No	*Whether resident ir	n India 🜘	Yes () No	
*Occupatior	n type 💿 S	Self Employ	red O Profess	ional 🔘 Homema	iker 🔿 Si	udent OS	Serviceman
*Area of Oc	cupation O	thers					
If 'Others' s	elected, plea	ase specify	Business				
*Educationa	al Qualificatio	on	X/SSLC/Jun	or/Equivalent			
*		rt number	AHRPJ9058		Verify [Details	
*Designatior	Director			*Category	Promote	er	
Whether	Chairm		Executive direct		ecutive dire		I
-				nee the appointee is			
*email ID b	oiswajit1676	@gmail.cor	n				

- - - -

Permanent	Address
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*Line I				
	Dwarhatta, Hooghly	y, West Bengal		
Line II				
*City	Hooghly			
*State/ Unic	on Territory West	t Bengal-WB	*Pin	code 712403
* ISO Count	ry code IN	Country INDIA		
*Phone (with	h STD/ISD code)	91 - 9732	581908	
*Whether p	resent residential a	ddress same as permanent r	esidential addr	ess 💿 Yes 🔵 No
Present add				
	Dwarhatta, Hooghly	y, West Bengal		
Line II				
*City	DWARTHATTA			
*State/ Unic		t Bengal-WB	*Pin co	de 712403
* ISO Coun	try code IN	Country INDIA		
*Phone (wit	th STD/ISD code)	91 973	2581908	
*Duration o	of stay at present ac	ddress 8 Years 4	Mon	ths
If Duration	of stay at present a	address is less than one year	then address o	f previous residence
*Proof of id	entity Voters Id	entity Card *Reside	ential Proof Ba	nk Statement
Voter's ider	ntity card number	HPM2200459		
	nse number			
-				
Aadhaar Nu	umber			
		d proof of addross under atta	obmonto	
Submit the	proof of identity and	d proof of address under atta		
Submit the Kind of s	proof of identity and	Number of subscribed	I shares	Amount of shares subscribed
Submit the Kind of s Equity share	proof of identity and shares subscribed s	Number of subscribed	l shares 60	Amount of shares subscribed 0,000
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Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address	proof of identity and shares subscribed shares entities in which dire on number *Designation Percentage of SI	Number of subscribed 60,000 0 ector have interest 0 hareholding	l shares 60	D,000
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Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of interest	proof of identity and shares subscribed shares entities in which dire on number *Designation Percentage of SI Others (specif	Number of subscribed 60,000 0 ector have interest 0 hareholding 0	I shares 60 0	0,000
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*Father's first name Dulal

Father's mi	ddle name	Chandra								
*Father's s	urname	Koley								
*Gender	Male		*Date of Birth	10/12/1	0/12/1985 *Nationality INDIA					
*Place of B	irth HARIPA	L								
*Whether c	itizen of India	• Yes	◯ No *WI	nether res	ident in	India 💿 Yes 🔿 No				
*Occupatio	on type 💿 S	elf Employe	ed O Professiona	al 🔿 Ho	omemal	ker 🔘 Student 🛛 🔿 Servicemar				
*Area of Oo	cupation Ot	hers								
If 'Others'	If 'Others' selected, please specify Business									
*Education	al Qualificatio	n	Graduation/Bach	nelor/Equiv	valent					
*		number	AKEPJ3486D			Verify Details				
*Designatio	n Director			*Categ	ory	Promoter				
Whether	Chairma	an 🗙 I	Executive director	□ N	lon-exe	cutive director				
*Name of	the company	or institutio	n whose nominee	the appoir	ntee is					
*email ID	mitalijana128	@gmail.cor	n							
Permanent	Address									
*Line I	Dwarhatta, H	ooghly, Bes	ide							
Line II	Kuthi Primary	School, W	est Bengal							
*City	Hooghly									
*State/ Unio	on Territory	West Beng	al-WB] *P	in code 712403				
* ISO Coun	try code IN		Country INDIA							
*Phone (wit	h STD/ISD co	ode) 91	-	9733969						
*Whether p	resent reside	ntial addres	s same as permar	ent reside	ential ac	ldress 💿 Yes 🔵 No				
Present ad	dress									
*Line I	Dwarhatta, H	ooghly, Bes	side							
Line II	Kuthi Primary	School, W	est Bengal							

****	Hooghly	<u>/</u>								
*State/	Union Territ	tory We	st Bengal-WB			*P	in code	71240)3	
* ISO (Country code) IN	Countr	y INDI/	Ą					
*Phone	e (with STD/I	ISD code)	91		- 9733	969				
*Durat	ion of stay a	t present a	address 7	Y	ears 6		Month	s		
If Dura	tion of stay a	at present	address is less	s than o	ne year th	en add	ress of	oreviou	s reside	nce
*Proof	of identity	Voters I	dentity Card		*Residen	tial Pro	of Ban	< Stater	nent	
Voter's	identity care	d number	HPM2396794]					
Driving	license nun	nber								
Aadha	ar Number				1					
Submit	the proof of	i identity a	nd proof of add	dress un	」 der attacl	nments.				
Kin	d of shares s	subscribed	l Numb	er of sul	bscribed :	shares	Ar	nount o	fshares	s subscribed
Equity s	hares		40,000				400,	000		
Preferer	nce shares		0				0			
Number	of entities ir	n which dir	ector have inte	erest	0					
*Regis	ration numb									
*Name										
*Addre	SS									
Nature	of *De	esignation								
interes		entage of \$	Shareholding	0		Ar	nount	0		
	Ot	hers (spec	ify)							
					_ ·					
			ment approval shares and th							
	uired to obta	in the Gov	ernment appro	oval und	er the Foi	eign Ex	change	Manag	ement ((Non-debt Ir
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	*Registratio	n numbe	r						
	*Name								
	*Address								
	Nature of	*Des	ignation						
	interest	Perc	entage of S	Shareholding			Amount		
		Othe	ers (specify)				L	
┌──┐ *F	irst Name								
Ι.	iddle Name								
	urname								
	ather's first n								
	ither's middle								
	ather's surna								
				*D-4f-Di-th					
	Gender			*Date of Birth			*Nationa	ality	
	lace of Birth								
	/hether citize		<u> </u>				nt in India	0	-
			Self Employ	ed () Profess	ional () Home	emaker 🔿 S	student	Serviceman
	rea of Occup								
lf	'Others' sele	cted, plea	ase specify						
*E	ducational Q								
* (Passpor	t number				Verify	Details	
*D	esignation				*(Category			
Wł	nether	Chairma	an 🗌	Executive direct	tor 🗌] Non-	executive dir	ector	
*Na	ame of the co	ompany o	r institution	whose nomine	e the ap	pointee is	\$		
*em	ail ID						L		
Per	manent Addı	ress							
*Lir	ne I								
Line	e II								
*Cit	y								
*Sta	ate/ Union Te	erritory					*Pin code		
* IS	O Country co	ode		Country					
*Pho	one (with ST	D/ISD co	de)		-				
	hether prese sent address		ntial addres	s same as perm	anent r	esidential	l address 🔘	Yes 🔿	No
*Lin	ie I								
Line	ell								
*Cit	у								
*Sta	ate/ Union Te	erritory					*Pin code		
* IS(O Country co	ode	(Country					
*Pho	one (with ST	D/ISD co	de)		-				
*Dı	uration of sta	y at prese	ent address	Y	ears		Months		Pa

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

*Proof of ide	*Residential Proof
Voter's identi	ty card number
Driving licens	e number
Aadhaar Nur	nber
Submit the p	proof of identity and proof of address under attachments.
Number of e	ntities in which director have interest
*Registratio	n number
*Name	
*Address	
Nature of interest	*Designation
merest	Percentage of Shareholding Amount
	Others (specify)

V. OPC Nomination

9.	(a) *Nomination
	1*
	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	n number (DIN)			Pre-fill
*First Name					
Middle Name					
*Surname					
*Father's First name					
Father's Middle nam	e				
*Father's Surname					
*Gender		*Date of Birth		*Nationality	INDIA
*Income tax PAN			Verify Details		
Aadhaar number					
*Place of Birth (Dist	rict and State)				
*Occupation type					
*Area of Occupatior	ו [
*Educational qualifi	cation				
Permanent Addres	SS				
*Line I					
Line II					

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*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 sa	me as the permanent addres	s 🔿 Yes	◯ 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 the present	t address 0 Ye	ear(s) 0 Month	ı(s)
If Duration of stay at present ac *Proof of identity		hen address of previous res	sidence
VI. Stamp Duty 10. Particulars of payment of stamp	duty		
(a) State or Union territory in res duty is paid or to be paid	bect of which stamp	t Bengal-WB	Pre-Fill
(b) *Whether stamp duty is to be pai	d electronically through MCA	21 system 💿 Yes 🔘	No 🔘 Not applicable
(i) Details of stamp duty to be paid			
Type of document/Particulars	Form	Memorandum of association	Articles of association
Amount of stamp duty to be paid	10.00	60.00	300.00
	1		

(ii) Provide details of stamp duty already paid

Type of document/Particulars	Form	Memorandum of association	Articles of association	Others
uocument/Farticulars		association	association	NA
Total amount of stamp duty paid(in Rs.)	0.00	0.00	0.00	0.00
Mode of payment of stamp duty				
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)				
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

Are	Area code AO type		Rar	ige co	AO No.						
W	В	G	W		1	1	1	1			

Information specific to TAN

Area code		AO ty	ре	Range code		AO No.					
D	L	С	W	Т	5	1	1	1			

Source of Income

X Income from Business/profe	ession 🗌 Capital Gains	Income from house property
Income from other source	🗌 No Income	

Business/Profession code 2 0

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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)
- 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

List of attachments

		Browse
		Browse
(s)		Browse
deed/		Browse
onths)	BILLANDNOC_STARTU2020_202210200025	Browse
ign body company ument		Browse
		Browse
		Browse
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scribers	ELECTRICITYBILL_STARTU2020_20221020	Browse
ninee		Browse
	IDADDRESSBISWAJITJANA_STARTU2020_	Browse
	IDADDRESSMITALIJANA_STARTU2020_202	Browse
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se of		Browse
		Browse
		Browse
	DECLARATIONANDAFFADAVIT_STARTU20	Browse
		Browse

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.
- X *The proposed name is not in violation of the provisions of Emblems and Names (Prevention of Improper Use) Act, 1950 as amended 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.

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a person named in the articles as a director of the company has been duly authorized by the promoters of the company to sign this form and declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect of Director Identification Number (DIN), registration of the company and matters precedent or incidental thereto have been complied with.

X	I am authorized by the promoter subscribing to the Memorandum of Association and Articles of Association and
<u> </u>	the first director(s) to give this declaration and to sign and submit this Form.

X I further declare that, company shall not commence its business, unless all the required approval from the sectoral Regulators such as RBI, SEBI etc. have been obtained;

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 directors, hereby declare that the registered office is capable of receiving and acknowledging all communications and notices addressed to the proposed company on incorporation, shall be maintained at the given address at item 4 of this form;

I *I, on behalf of all the first director(s) named in the Articles of Association of the proposed company, solemnly declare, that the declaration given herein as stated above are true to the best of my knowledge and belief, the information given in this integrated application form for incorporation and attachments thereto are correct and complete, and nothing relevant to this form has been suppressed. All the required attachments have been completely, correctly and legibly attached to this form and are as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.

I, on behalf of the proposed Directors whose particulars for allotment of DIN are filled as above, hereby confirm and declare that they are not restrained, disqualified, removed for being appointed as Director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and I further declare that I have read and understood the provisions of Sections 154, 155, 447 and 448 read with Sections 449, 450 and 451 of the Companies Act, 2013.

I, on behalf of the proposed directors, hereby declare that person seeking appointment is a national of a country which shares a land border with India, necessary security clearance from Ministry of Home Affairs, Government of India shall be attached with the consent.

(if yes is opted, a copy of the security clearance is to be attached)

DIN/PAN/	Passport Numbe	er			
< * LAKHAN					
a Con	npany Secret	ary			
having Members	hip Number	49072	and/or Certifica	ate of practice number	24505
has been engaged to give declaration under section 7(1) (b) and such declaration is attached.					
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. *To be digitally signed by director BISWAJ DESCRIPTION					
*DIN / PAN	AHRPJ9058F	0			
	Decl	aration and	certification	by professional	
LAKHAN					,
member of					
having office at *					

WZ-59, STREET NO-5, GURU NANAK NAGAR, OUTER RING ROAD WEST DELHI-110018

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.

* C 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	
* Membership number 49072	
Certificate of practice number 24505	
* Income-tax PAN	
Modify Check Form	Prescrutiny Submit
For office use only:	Affix estamp and filling 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/YY	YY)			