

[PUBLISHED IN PART – II, SECTION 3, SUB-SECTION (i) OF
THE GAZETTE OF INDIA, EXTRAORDINARY]

GOVERNMENT OF INDIA
MINISTRY OF CORPORATE AFFAIRS
Notification

New Delhi, 7th day of September, 2009.

G.S.R. 643 (E) – In exercise of the powers conferred by sub-section (1) of section 642 read with sub-section (1) of 610B of the Companies Act, 1956, the Central Government hereby makes the following rules further to amend the Companies (Central Government's) General Rules and Forms, 1956, namely: –

1. (1) These rules may be called the Companies (Central Government's) General Rules and Forms (Fourth Amendment) Rules, 2009.

(2) These rules shall come into force on the 13th day of September, 2009.

2. In the Companies (Central Government's) General Rules and Forms, 1956, in Annexure 'A', -

(a) for Form No.1, the following Form shall be substituted, namely:-

FORM NO. 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)

*Category

*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 Pre-fill

*Name

Father's name Husband's name

Nationality Date of birth (DD/MM/YYYY)

Occupation

Voter identity card number

Others (specify)

Permanent address

*Address Line I

Line II

*City

*State *Pin code

*ISO country code

Country

Phone Fax

e-mail ID

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

Present address

*Address Line I

Line II

*City

*State *Pin code

*ISO country code

Country

Phone Fax

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

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"/> Pre-fill all		

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

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

Pre-fill

(b) *Whether stamp duty is to be paid electronically through MCA21 system Yes No Not applicable

(i) Details of stamp duty to be paid

Type of document/ Particulars	Form 1	Memorandum of association	Articles of association
Amount of stamp duty to be paid (in Rs.)			

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form 1	Memorandum of association	Articles of association	Others
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 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				

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

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

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

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:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer
Date of signing (DD/MM/YYYY)

(b) for Form No.5, the following Form shall be substituted, namely:-

FORM NO. 5

Notice of consolidation, division, etc. or increase in share capital or increase in number of members

[Pursuant to sections 95, 97 or 94A(2) or 81(4) of the Companies Act, 1956]

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

1.(a) *Corporate identity number (CIN) of company

Pre-fill

(b) Global location number (GLN) of company

2.(a) Name of the company

(b) Address of the registered office of the company

(c) *e-mail ID of the company

3. *Purpose of the form

- Increase in share capital independently by company Increase in number of members
 Increase in share capital with Central Government order Consolidation or division etc.

4. In accordance with section 97 of the Companies Act, 1956, that by Ordinary Special resolution at the meeting of the members of the company held on (DD/MM/YYYY)

Service request number (SRN) of related Form 23

(a) The authorised share capital of the company has been increased from

Existing (in Rs.)

Revised (in Rs.)

Difference (addition) (in Rs.)

(b) (i) The number of members in the company has been increased from

Existing

Revised

Difference (addition)

(ii) Maximum number of members excluding past and present employee(s)

5.(a) In accordance with sub-section (3) of section 94(A) of the Companies Act, 1956, the authorised share capital of the company has been increased consequent upon an order dated (DD/MM/YYYY) of the Central Government under sub-section (4) of section 81 or sub-section (2) of section 94A of the Act upon an application made to it by (Enter the name of the financial institution)

for conversion of debentures loans into shares

Existing authorised capital (in Rs.)

Revised authorised capital (in Rs.)

Difference (addition) (in Rs.)

(b) A copy of the aforesaid order was received by the company from the Central Government on

(DD/MM/YYYY)

6. The additional capital (taking into consideration the addition above) is divided as follows

(a) Number of equity shares Total amount of equity shares (in Rs.)

(b) Number of preference shares Total amount of preference shares (in Rs.)

Total addition (in Rs.)

7. The conditions (e.g. voting rights, dividend rights, winding-up rights, etc.) subject to which new shares have been issued, are as follows

8. Notice is hereby given that

In accordance with section 95 of the Companies Act, 1956, that the company has on (DD/MM/YYYY)

(a) Consolidated

(b) Converted

(c) Reconverted

(d) Subdivided

(e) Redeemed

--

(f) Cancelled

--

(g) Reclassified

--

9. Revised capital structure after taking into consideration the changes vide points 4, 5, 6 and 8 above

(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

--

Number of unclassified shares

--

Total amount of unclassified shares
(in Rs.)

--

(b) Issued capital of the company

(in Rs.)

--

Break up of Issued 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

--

(c) 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

--

(d) Paid up capital of the company (in Rs.)

Break up of Paid up 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

10. *Whether articles of association have been altered Yes No

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

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

(b) *Whether stamp duty is to be paid electronically through MCA21 system Yes No Not applicable

(i) Details of stamp duty to be paid

Amount of stamp duty to be paid (in Rs.)

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form 5
Total amount of stamps or stamp paper (in Rs.)	<input type="text"/>
Mode of payment of stamp duty	<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	<input type="text"/> (DD/MM/YYYY)
Place of purchase of stamps or stamp paper or payment of stamp duty	

12. In case maximum stamp duty payable has already been paid, provide details of form(s) filed earlier (SRN or receipt number, form number, date of filing, amount of stamp duty paid)

Attachments

- 1. Proof of receipt of Central Government order
- 2. Altered memorandum of association
- 3. Altered articles of association
- 4. Optional attachment(s) - if any

Attach
Attach
Attach
Attach

List of attachments

Remove attachment

Verification

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

I have been authorised by the Board of directors' resolution number* dated* (DD/MM/YYYY) to sign and submit this form.

I further declare that the company has paid correct stamp duty as per applicable Stamp Act.

To be digitally signed by

Managing Director or director or manager or secretary of the company

*Designation

*Director identification number of the director or Managing Director; or Income-tax permanent account number (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)

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or
- Company secretary (in whole-time practice)

*Whether associate or fellow Associate Fellow

*Membership number or certificate of practice number

For office use only:

Affix eStamp and 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

Date of signing (DD/MM/YYYY)

(c) for Form No.44, the following Form shall be substituted, namely:-

FORM NO. 44

[Pursuant to section 592 of the Companies Act, 1956]

Documents delivered for registration by a foreign company

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

1. *Company name

2.(a) *Country where the company is registered (enter ISO country code)

(b) Country

3. *State of principal place of business in India

4. *Date of establishment of the principal place of business in India

(DD/MM/YYYY)

5. Full address of registered or principal office of foreign company [see sub-section (1) (b)]

(a) *Address Line I

Line II

(b) *City

(c) *State

(d) Country

(e) *Pin code

6. Address of principal place of business in India

(a) *Address Line I

Line II

(b) *City

(c) *District

(d) *State

(e) *Pin code

(f) Country

(g) *e-mail ID

7. Details of type of office and main division of business activity

(a) *Type of office

(b) If other, then provide details

(c) *Main division of business activity to be carried out in India

(based on relevant sub class and description given in NIC-2004)

Description of the main division

List of persons resident in India and authorised to accept on behalf of the company service of process and any notices or other documents

8. *Number of persons authorised

Particulars of person authorised

(i).

*Income-tax permanent account number (Income-tax PAN)		<input type="text"/>
*Name of person resident in India authorised to accept on behalf of foreign company		
<input type="text"/>		
Surname <input type="text"/>		
<input type="text"/>		
* <input type="radio"/> Father's name <input type="radio"/> Husband's name		
<input type="text"/>		
*Designation <input type="text"/>		
<input type="text"/>		
*Nationality	<input type="text"/>	*Date of birth <input type="text"/> (DD/MM/YYYY)
If already a director or promoter of a company then CIN of the company <input type="text"/>		
*Occupation <input type="text"/>		
<input type="text"/>		
Permanent residential 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 residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No		
Present residential address		
*Line I	<input type="text"/>	
Line II	<input type="text"/>	
*City	<input type="text"/>	
*State	<input type="text"/>	*Pin code <input type="text"/>
Country	<input type="text"/>	
Phone	<input type="text"/>	Fax <input type="text"/>
*Whether the person authorised has been appointed through power of attorney or by passing the resolution		
<input type="radio"/> Power of attorney <input type="radio"/> Resolution		

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

(a) State or Union Territory in respect of which stamp duty is paid or to be paid on foreign executed power of attorney **Pre-fill**

(b) *Whether stamp duty is to be paid electronically through MCA21 system Yes No Not applicable

(i) Details of stamp duty to be paid

Amount of stamp duty to be paid (in Rs.)

(ii) Provide details of stamp duty already paid

Type of document/ Particulars	Form 44
Total amount of stamp paid (in Rs.)	<input type="text"/>
Mode of payment of stamp duty	<input type="text"/>
Name of the office of the collector of stamps or prescribed authority for stamping in foreign executed documents as per Rule 18 of the Indian Stamp Act	
Serial number of embossing or stamps or treasury challan number	
Date of payment of stamp duty	<input type="text"/> (DD/MM/YYYY)
Place of payment of stamp duty	

Attachments

1. *Charter, statutes or memorandum and articles of association or other Instrument constituting or defining the constitution of the company(In the manner provided under Rule 16, 17 of the Companies (Central Government's) General Rules and Forms, 1956) **Attach**

2. If the above documents are not in english then the translated version of the documents. **Attach**

3. *Director(s) details - individuals **Attach**

4. Director(s) details - bodies corporate **Attach**

5. *Reserve bank of India approval letter **Attach**

6. Secretary(s) details **Attach**

7. *Power of attorney or board resolution in favour of the authorised representative(s) **Attach**

8. Optional attachment(s) - if any **Attach**

List of attachments

Remove attachment

Verification

I hereby confirm that I am duly authorised by the board of directors of the company to sign and submit this form and to the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

To be digitally signed by

Authorised representative of the foreign company

*Income-tax PAN of the authorised representative

Modify

Check Form

Prescrutiny

Submit

For office use only:

Affix eStamp and 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)

(d) for Form No.67, the following Form shall be substituted, namely:-

FORM NO. 67

[Pursuant to Rule 20A(3) of the Companies (Central Government's) General Rules and Forms, 1956]

Form for filing addendum for rectification of defects or incompleteness

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

1. *Service request number (SRN) of relevant form(s)
(Mention SRN of relevant form(s) in respect of which addendum is being filed. Ensure that correct SRN is mentioned in this field and verify the system displayed details below)

2. (a) Date of SRN (DD/MM/YYYY)

(b) Form number(s)

3. (a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company

(b) Global location number (GLN) of company

4. (a) Name of the company

(b) Address of the registered office or of the principal place of business in India of the company

(c) Name of the person filing this form (applicable in case of filing in respect of non company or company yet to be incorporated)

(d) *e-mail ID

5. (a) Details of defects pointed out or further information called by the Registrar of Companies (RoC) or any other competent authority

(b) *Details of rectification of the defects or further information furnished

6.(a) SRN of additional (differential) stamp duty payment

Details of additional (differential) stamp duty

(b)(i) Amount of stamp duty	<input type="text"/>	Document name	<input type="text"/>
(ii) Amount of stamp duty	<input type="text"/>	Document name	<input type="text"/>
(iii) Amount of stamp duty	<input type="text"/>	Document name	<input type="text"/>

(Ensure that correct type of document is selected from the list of documents given in the drop down below. Maximum five documents can be attached).

7. (a) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(b) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(c) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(d) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(e) Type of document	<input type="text"/>	<input type="button" value="Attach"/>

List of attachments

Verification

To the best of my/ our knowledge and belief, the information given above and in the attached documents is correct and complete.

To be digitally signed by

1. Director or Managing Director or manager or secretary (In case of an Indian company) or an authorised representative (In case of a foreign company)

Designation

Director identification number (DIN) of the director or Managing Director; or Income-tax PAN of the manager or authorised representative; 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)

2. Director or Managing Director

Designation

DIN of the director or Managing Director

3. In case the form in respect of which addendum is being filed was signed by applicant or subscriber or advocate or attorney or pleader or person charged or chargeholder or ARC or assignee or trustee of debenture holder or receiver or person securing appointment or auditor or liquidator or cost auditor or chartered accountant (in whole-time practice) or company secretary (in whole-time practice) or cost accountant (in whole-time practice) or others

I. Designation

Capacity

II. Designation

III. Designation

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or Company secretary (in whole-time practice)

Whether associate or fellow Associate Fellow

Membership number or certificate of practice number

This form is not required to be signed by the authorising officer as this has been filed in respect of an already filed eForm

[F No 1/04 /2009 CL.V]

Renuka Kumar,
Joint Secretary.

Note: The principal rules were published vide number S.R.O. 432A, dated the 18th February, 1956 and was last amended vide number G.S.R. 284 (E), dated 24th April, 2009.