

☒ English ☐ Hindi

Refer the instruction kit for filing the form.

*Whether name is already approved by Registrar of Companies

☒ Yes ☐ No

SRN of RUN

R00777045

Pre-fill

Entity Type

New Company (Others)

1. (a) *State the type of company

New company (others)

(b) *State the class of company ☐ Public ☒ Private ☐ One Person Company

(c) *State the category of company

Company limited by shares

(d) *State the sub-category of company

Non-government company

(e) *Whether proposed company is an IFSC company ☐ Yes ☒ No

(f) *Company is ☒ Having share capital ☐ Not having share capital

2. (a) *Main division of industrial activity of the company

51

Description of the main division

Wholesale trade and commission trade, except of motor vehicles and motorcycles

(b) Whether Articles of Association is entrenched ☐ Yes ☒ No

3. (i) *Capital structure of the company

Total authorized share capital (in Rupees)

1,000,000

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

Total subscribed share capital (in Rupees)

200,000

Subscribed share capital	Equity	Preference
Number of shares	200,000	0
Nominal amount per share (in Rupees)	1	
Total amount (in Rupees)	200,000	0

4. (a) *Correspondence address

* Line I	FLAT NO.-UGF-01, PLOT NO. -153		
* Line II	GYAN KHAND-1, INDIRAPURAM		
* City	GHAZIABAD		
* State/Union Territory	Uttar Pradesh-UP	* Pin code	201014
* District	Ghaziabad		
* Phone (with STD code)		-	7071080182
Fax			
* email ID of the company	rahulkr.stv@gmail.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, Uttar Pradesh

5. *Particulars of the proposed or approved name

(a) Proposed or approved name

REDPOOL INDIA PRIVATE LIMITED

6. (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)	2	0
Number of non-individual first subscriber(s)		0
Number of individual first subscriber(s) cum director(s)	2	0
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)	2	0

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

I. ***Director Identification number (DIN)** **Pre-fill**

***Name**

***Gender** ***Date of Birth** ***Nationality**

***Designation** ***Category**

Whether ☐ Chairman ☒ Executive director ☐ Non-executive director

***email ID**

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	140,000	140,000
Preference shares	0	0

Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)

***Registration number**

***Name**

***Address**

Nature of interest

***Designation**

Percentage of Shareholding Amount

Others (specify)

II. ***Director Identification number (DIN)** **Pre-fill**

***Name**

***Gender** ***Date of Birth** ***Nationality**

***Designation** ***Category**

Whether ☐ Chairman ☒ Executive director ☐ Non-executive director

***email ID**

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	60,000	60,000
Preference shares	0	0

Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)

***Registration number**

***Name**

***Address**

Nature of interest

***Designation**

Percentage of Shareholding Amount

Others (specify)

8. Particulars of payment of stamp duty

(a) State or Union territory in respect of which stamp duty is paid or to be paid		Uttar Pradesh	Pre-Fill
(b) * Whether stamp duty is to be paid electronically through MCA21 system <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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	500.00	500.00

(ii) Provide details of stamp duty already paid

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

9. *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.		
K	N	P	W		1	8		2		

Information specific to TAN

Area code			AO type		Range code			AO No.		
K	N	P	W	T	9	6		2		

Source of Income

- ☒ Income from Business/profession
 ☐ Capital Gains
 ☐ Income from house property
☐ Income from other source
 ☐ No Income

Business/Profession code

2	0
---	---

10. ^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

11. ^Does the Employees Provident Fund and Miscellaneous Provisions Act 1952

apply to the establishment ☐ EFP and MP Act ☐ Voluntary Coverage

12. ^Number of employees to be covered under Employees Provident Fund Act

13. ^Number of Employees earning wages less than Rupees fifteen thousand employed directly or through contractor to

be covered under Employees State Insurance Act

14. ^Do you need Importer Exporter code ☐ Yes ☐ No

15. ^Particulars of Investment

INVESTMENT	Proposed amount (in Rupees)
a) land (for rented premises, capitalised value of the same to be indicated)	
b) building	
c) plant and machinery	
I indigenous	
II import	
(A) cif value	
(B) landed cost	
(III) Total [(I) + (II)(B)]	

^ The information in Serial number 10-15 are mandatorily required for Employees State Insurance Corporation registration, Employee Provident Fund , Employees State Insurance registration, Importer Exporter Code Registration in case of applicants desirous of applying for these services at the time of incorporation of a company and this facility is available at e-Biz Portal only as per separate procedure prescribed by e-Biz Portal. These services (Serial number 10-15) will not be available for forms filed on MCA21 Portal and no cognizance will be taken of entries in those fields if the form is filed on MCA21 Portal.

Attachments

List of 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)
4. 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)

Attach

Attach

Attach

Attach

Attach

DIR 2.pdf
INC 9.pdf
Utility Bill.pdf
NOC.pdf

Remove attachment

22. Optional attachment(s), (if any)

Attach

Declaration

* I

Mr.Rahul Kumar

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.

- ☒ I am authorized by the promoter subscribing to the Memorandum of Association and Articles of Association and the first director(s) to give this declaration and to sign and submit this Form.
- ☒ 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 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, 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.

☒ * **PARAMESWARI DHANASEKARAN**,
 a **Chartered Accountant**
 having Membership Number **214838** and/or Certificate of practice number **214838**
 has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

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.

***To be digitally signed by director**

Rahul
Kumar
Digitally signed
by Rahul Kumar
Date: 2019.10.16
15:29:32 +05'30'

***DIN / PAN**

06832460

Declaration and certification by professional

I **PARAMESWARI DHANASEKARAN**,
 member of **The Institute of Chartered Accountants of India**
 having office at *
Chennai

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.

* ☒ Chartered Accountant (in whole-time practice) or ☐ Cost Accountant (in whole-time practice) or
☐ Company Secretary (in whole-time practice) ☐ Advocate

PARAMESW
ARU
DHANSEKA
RAN
Digitally signed by
PARAMESW
ARU
DHANSEKA
RAN
Date: 2017.10.10
10:30:51 +05'30'

* Whether Associate or Fellow ☐ Associate ☒ Fellow

* Membership number. 214838

Certificate of practice number 214838

Modify

Check Form

Prescruting

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/YYYY)