

Documentation & Statutory Forms

LLP Registration

Two set of self- attested documents as indicated in the table below is required

Document of Designated Partner *	Registered address proof #
<input type="checkbox"/> Colour Photograph <input type="checkbox"/> Pan card self attested <input type="checkbox"/> ID Proof: any of (voter id card / Passport / Driving License / Aadhar) <input type="checkbox"/> Residence Proof : any of (Bank statement, electricity bill, telephone bill, mobile bill)	<input type="checkbox"/> NOC from owner <input type="checkbox"/> Conveyance/Sale deed or Lease deed or Rent Agreement along with the rent receipts; • B) Any one of the below <ul style="list-style-type: none"> <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Gas Bill <input type="checkbox"/> Mobile Bill

Note:

- Ensure that the scan documents are clear & visible
- The address proof should be in the name of the applicant and shall have Pincode / Zip code in it.
- Please ensure that the address proof is not older than 40 days (In case of Telephone bill, Bank statement, Light bill & Mobile bill)
- The Identity & Residence Proof must be attested by the Notary Public.
- Before attestation and notarization of the documents, please email us the scanned copy of the above mentioned proofs for checking and verification

The following forms need signature of Director / subscriber as explained

Sl. No.	Name of Form	Notary	Page Number
1.	*Order Form	NO	2-5
2.	*DIR-4 (affidavit for DIN allotment) (two set)	Rs. 10 stamp paper + Notary	6-7
3.	*DIN Single Name Affidavit (if required) two set	Rs. 10 Stamp Paper + Notary	8-9
6.	#NOC from owner of premises	Plain Paper	10
7.	#Consent of Partners	Plain Paper	11-12
8.	*Power of attorney in the name of professional	Rs. 100 Stamp Paper + Notary	13
9.	#Subscriber Sheet of MOA and AOA	Plain Paper	14
10.	*Digital Signature Form	Plain Paper	15
11.	Pan Card Application Form	Plain Paper	16-17
12.	TDS (TAN) Number Application Form	Plain Paper	18-20

Note: *: documents necessary to start the process

#: documents may be submitted after name approval of the company

ORDER FORM

Fill this form after reading instructions on the left side. The information should match with the documentary evidence which promoters are submitting with the department. However if there is any discrepancy the same should be pointed out

Description	No	Particulars
Select the kind of business organization which you are planning to incorporate.	A.	Type of Organization <input type="radio"/> Public Limited Co <input type="radio"/> Private Limited Co. <input type="radio"/> LLP <input type="radio"/> One Person Company
The name of a public limited company ends with Limited , for a private limited company it ends with Private limited and for an Limited Liability Partnership it ends with LLP . An One person company have to write (opc) after private limited	B.	Proposed Name (Six names in order of preference) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Significance of the words used in the name	C	Significance of Name
If proposed name is a registered trade mark or a trademark for which an application is filed, there will be more chance for getting the name approved for the Company /LLP	D	Trade Mark 1. Whether the proposed name is a Registered Trademark <input type="checkbox"/> NO <input type="checkbox"/> Yes _____ 2. If No, Would you like to register the Trademark <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain the nature of business which you are proposing to undertake in the company or LLP. Note: The activity must be evident in the name of the company	E	Proposed Business Activity _____ _____ _____ _____
Indicate The situation of registered address in which state.	F	State in Which Registered office shall be situated
Authorised capital is the limit to which shares can be issued. The govt fee depends on this.	G	Capital of The Proposed Company / LLP _____ (Minimum Capital for Limited co- 5 Lakhs, PVT Ltd - 1 lakh, LLP – 10,000)

Promoters & Directors Details : Number of Director Number of Shareholder

<p><i>If the proposed Director or Designated Partner have Director Identification Number (DIN) then write DIN</i></p> <p><i>To Obtain DIN, provide following documents</i></p> <ol style="list-style-type: none"> <i>Two colour Photo</i> <i>Self attested copy of pan card</i> <i>Self attested copy of address proof</i> <p><i>Apart from the documents signature of the directors shall be required on following legal forms</i></p> <ol style="list-style-type: none"> <i>Annexure 1, which is an declaration from the director applying for DIN with respect to correctness of information and authenticity of of the documents which he is submitting</i> <p>NOTE: <i>The director and shareholder can be same person, there is no restriction on relatives becoming director or shareholder in a company</i></p>	<p>H</p>	<p>Proposed Director or Designated Partner (in case of IIP)</p> <ol style="list-style-type: none"> The First Director or Designated Partner (Primary Applicant)* the primary applicant will file application for company / LLP registration, only his digital signature is required <ul style="list-style-type: none"> Name : _____ PAN / DIN: _____ Email Id: _____ Mobile No: _____ Qualification _____ Occupation _____ Place of Birth _____ Period of residency at current address _____ <hr/> <ol style="list-style-type: none"> Detail of Second Director / Designated Partner (in case of IIP) <ul style="list-style-type: none"> Name : _____ PAN / DIN: _____ Email Id: _____ Mobile No: _____ Qualification _____ Occupation _____ Place of Birth _____ Period of residency at current address _____ <hr/> <ol style="list-style-type: none"> Detail of Second Director / Designated Partner (in case of IIP) <ul style="list-style-type: none"> Name : _____ PAN / DIN: _____ Email Id: _____ Mobile No: _____ Qualification _____ Occupation _____ Place of Birth _____ Period of residency at current address _____ <p>Note: If the number of director is more than 3 then kindly provide information on separate sheet in the above format</p>
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Shareholding or contribution of the proposed company or LLP

<p>Paid-up capital is the amount of equity share which the promoters undertake to subscribe, this has to be within the limit of authorized capital and for a private limited the minimum paid up capital is Rs. 1,00,000/-</p>	<p>I</p>	<p>Paid up Capital _____</p> <p>And the same is divided in following manner</p> <table border="1" data-bbox="597 430 1416 976"> <thead> <tr> <th>No.</th> <th>Name of Shareholder</th> <th>Amount of Capital</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> </tr> <tr> <td>6.</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td></td> </tr> </tbody> </table> <p><i>In case the shareholder is other than director then their information is also required as per the format provided herein above (as in director)</i></p>	No.	Name of Shareholder	Amount of Capital	1.			2.			3.			4.			5.			6.			Total		
No.	Name of Shareholder	Amount of Capital																								
1.																										
2.																										
3.																										
4.																										
5.																										
6.																										
Total																										
<p>The registered office shall be the principal address for official communication and this need not be commercial space.</p>	<p>J</p>	<p>Registered Office Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>State:PIN Code</p>																								
<p>Address of police station under whose jurisdiction the registered office of the company is situated</p>	<p>K</p>	<p>Address of Police Station</p> <p>.....</p> <p>.....</p> <p>State:PIN Code</p>																								
<p>KPS Fee Payment Details with the order form, Detail Package cost and working is on the next page</p>	<p>L</p>	<p>Total Cost of Package:</p> <p>Amount Received with the order Form : _____</p> <p>If paid in Cash then mention the receipt Number _____</p> <p>Cheque No. / Online payment Ref No. _____</p> <p>Date of the payment _____</p>																								

How to Order:

- *Complete this form and submit along with the required documents to the KPS Corporate Consultants Private Limited, at their Head office or branch offices.*
- *Order accepted without the complete documents and full payment as agreed shall not be processed till the time all the pending document and the cheque is realized.*

Final Order Financial Workings

S. No.	Service Description	Amount (INR)
1.	Company / LLP Registration _____ Pack	
2.	PAN Number	
3.	TAN Number	
4.	Company KIT:	
5.	Service Tax Registration	
6.	Vat + CST Registration	
7.	Trade Mark Registration	
8.	IE Code (Import Export Code)	
9.	Other Services:	
TOTAL		

We the promoters / applicants who have signed below declare that the information, documents, representations made during the process of company/LLP registration is true, correct and nothing material has been concealed. We further undertake to make the full payment of agreed fee within the agreed time frame.

Signature of Promoter 1

Signature of promoter 2

Date

Place:

Form DIR-4

**Verification of applicant for application for DIN
(To be in the form of Affidavit)**

[Pursuant to section 153 and rule 9(3) (a)(iv) of Companies (Appointment and Qualification of Directors) Rules, 2014]

I,, Son*/ Daughter*
of, born on,
resident of.....
.....hereby
confirm and verify that the particulars given in the Form DIR-3 are true and also are in agreement with
the documents being attached to the Form DIR -3.

I hereby confirm and declare that

1. The photograph and documents being attached to the Form DIR -3 belong to me. I further confirm that all required documents have been duly certified by the respective government authority and are being attached to the Form DIR -3, and
2. I am not restrained, disqualified, removed of, for being appointed as director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and
3. I have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and
4. I have not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and
5. I shall be liable under section 448 of the Act and under the relevant provisions of the Indian Penal Code, 1860 and any other law as applicable, if any statement in this application is found to be false or any material fact is found to have been omitted.

*Note: strike out whichever is not applicable.

Signature: _____

(Name): _____

Form DIR-4

Verification of applicant for application for DIN

(To be in the form of Affidavit)

[Pursuant to section 153 and rule 9(3) (a)(iv) of Companies (Appointment and Qualification of Directors) Rules, 2014]

I,, Son*/ Daughter*
of, born on,
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2. I am not restrained, disqualified, removed of, for being appointed as director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and
3. I have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and
4. I have not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and
5. I shall be liable under section 448 of the Act and under the relevant provisions of the Indian Penal Code, 1860 and any other law as applicable, if any statement in this application is found to be false or any material fact is found to have been omitted.

*Note: strike out whichever is not applicable.

Signature: _____

(Name): _____

Affidavit:

(If ID proof has single name for applicant)

I _____ (Applicant Name as per id proof), residing at _____

_____ (Address as per

address proof) do solemnly affirm and stated as under:

I am _____ and my name _____, appearing on the enclosed ID proof, is single name. My father's name is _____ . For applying DIN application of mine, I am mentioning my father's name " _____ " as my Last name, as this a mandatory requirement for applying DIN. (Referred point no. 16 in FAQ at (www.mca.gov.in)). Both names denote one and the same person.

I solemnly state that the contents of this affidavit are true to the best of my knowledge and belief and that it conceals nothing and that no part of it is false.

Signature
Declarant / deponent

Affidavit:

(If ID proof has single name for applicant)

I _____ (Applicant Name as per id proof), residing at _____

_____(Address as per address proof) do solemnly affirm and stated as under:

I am _____ and my name _____, appearing on the enclosed ID proof, is single name. My father's name is _____
_____. For applying DIN application of mine, I am mentioning my father's name " _____ " as my Last name, as this a mandatory requirement for applying DIN. (Referred point no. 16 in FAQ at (www.mca.gov.in)). Both names denote one and the same person.

I solemnly state that the contents of this affidavit are true to the best of my knowledge and belief and that it conceals nothing and that no part of it is false.

Signature

Declarant / deponent

To :

The Registrar of LLP,

Dear Sir,

Sub: Registered office of _____ LLP, under registration

Ref: SRNfiled for incorporation.

This is to inform you that the premises.....
....., **is owned by me. A documentary evidence for the same is attached.** The premises is leased to Mr.who is going to be the Designated Partner of _____**Private Limited, under registration.** A copy of the lease deed is enclosed.

Further, I wish to express my **NO OBJECTION** to have these premises as registered office of the proposed LLP M/s _____**LLP** and request you to register this address as the registered office address of **the said LLP under incorporation.**

Thanking you,

Yours faithfully,

Owner of the property

Place:

Date:

CONSENT STATEMENT

Dated:

I _____ S/O _____ (the undersigned),
having consented to act as designated Partner of the
_____ LLP, pursuant to applicable provisions of
the IIP Act, 2008 and Certify that I have not been disqualified to act as a designated Partner under
applicable provisions of the IIP Act, 2008.

Name:

S/O :

R/O :

CONSENT STATEMENT

Dated:

I _____ S/O _____ (the undersigned),
having consented to act as designated Partner of the
_____ LLP, pursuant to applicable provisions of
the Ilp Act, 2008 and Certify that I have not been disqualified to act as a designated Partner under
applicable provisions of the Ilp Act, 2008.

Name:

S/O :

R/O :

POWER OF ATTORNEY

We, the undersigned the promoters of a limited liability partnership with name _____ LLP, under registration, do hereby authorize Mr. Sanjeev Kumar, Advocate & Mrs. Amrita Chanchal, Advocate & Mr Vijay Kumar Bhasin, Company Secretary & Ms. Manisha Nanda, Chartered Accountant having their office at K-66, Hauz Khas Enclave, New Delhi and also at 148, 4th Block Koramangala, Bangalore to represent us and for carrying out the necessary corrections, additions, deletions, etc., in the process of incorporation of LLP in the documents filed for registration of the said LLP as may be necessary and incidental thereto and to obtain the Certificate of Incorporation on our behalf.

Name and Signatures of subscribers:

1.

2.

Signature of (POA Holder)

Place:

Date:

We the several partners whose names are subscribed below, are desirous of being formed into a LLP for carrying on a lawful business with a view to earn profit and have entered or agreed to enter into a LLP agreement in writing. We respectively agree to contribute money or other property or other benefit or to perform services for the LLP in accordance with LLP agreement, the particulars of which are stated against our respective names. We hereby give our consent to become a partner / Designated Partner / Nominee and designated partner of the LLP pursuant to section 7(4)/ 25 (3) (c) of the Limited Liability Partnership Act, 2008.

(Attached details in respect of names of partners / nominees / witnesses and their signatures in the below format as subscriber's sheet attachment.)

Name of each partner	Designation (Designated Partner / Partner)	Signature of Designated Partner / Partner/ Nominee of body corporate	Name, address and profession (along with professional membership number) of witness	Signature of witness

Place

Date

APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE - FOR INDIVIDUAL



Application ID Number (For office use only): (For Signature Application only)
 (For Encryption Application only)

Instructions:

1. Please fill the form in BLOCK LETTERS and (*) MARKED Fields are Mandatory.
2. Inconsistent/incomplete applications are liable to be rejected.
3. (**) Attestation of documents by any: Gazetted Officer OR Bank Manager OR Post Master OR present originals to our Registration Authority for verification & attestation.
4. All subscribers are advised to read Certification Practice Statement and subscriber agreement of eMudhra available at www.e-mudhra.com
5. At par cheques/Demand draft drawn in favour of eMudhra Consumer Services Limited payable at Bangalore
6. All customer documents need to be self attested by the customer over and above the third party attestation
7. For Class III Digital Signatures "In Person Verification" of the applicant is mandatory

Affix recent passport photograph of the applicant duly signed across

1A. CERTIFICATE CLASS*	1B. CERTIFICATE TYPE*	2. CERTIFICATE VALIDITY*	3. USB TOKEN*
<input type="checkbox"/> Class 1 Silver Individual	<input type="checkbox"/> Signature	<input type="checkbox"/> 1 Year	<input type="checkbox"/> Required
<input type="checkbox"/> Class 2 Gold Individual	<input type="checkbox"/> Encryption	<input type="checkbox"/> 2 Years	<input type="checkbox"/> Not Required
<input type="checkbox"/> Class 3 Platinum Individual			

APPLICANT DETAILS* (As per applicant's valid ID Proof and Address Proof at Sl.No.1 & 14 below)

4. Name:* Mr./Ms./Dr. F I R S T N A M E M I D D L E N A M E L A S T N A M E

5. Date of Birth:* D D M M Y Y Y Y **6. Gender:*** Male Female **7. Residential Status:*** Resident

8. Father/ Spouse Name:* **9. Nationality** I N D I A N

10. eMail ID* (Valid and active E-mail ID to be included in the Digital Signature Certificate)

11. (++) Address for communication : Residence Office (As per proof Submitted)
 (Door No., Name of the premises, Road, Area, City, State and Pin code needs to be filled)

Pincode City State

Telephone No. (e.g. +91-80-23333333) Mobile No. (e.g. + 91-9999999999)

Check list for IDENTIFICATION and DOCUMENTATION DETAILS*

12. PAN Number : Attested copy of PAN Card is mandatory for obtaining Certificate with PAN

13. Valid Identity Documents : * Passport Copy of Driving License PAN card Post Office ID Card Aadhaar Card
 Bank Account Passbook containing the Photograph and signed by an individual with attestation by the concerned Bank official
 Photo ID Card issued by the Ministry of Home Affairs of Centre/State Government
 Any Government issued photo ID Card bearing the signature of the individual

(Please tick any one and fill the ID number and attach attested (**) copy of ID proof) ID Proof Number:

14. Valid Address Proof Documents : * a) Telephone Bill b) Electricity Bill c) Water Bill d) Gas Connection e) Aadhaar Card
 f) Bank Statements signed by the Bank g) ServiceTax /VAT/Sales Tax registration certificate h) Property Tax/Corporation/Municipal corporation receipt
 i) Driving Licence j) V oter ID Card k) Passport l) Certificate of Registration for owned Vehicle

(Please tick any one and fill the Document number and attach attested (**) copy of address proof) Doc No. _____

Note: For A to E the date of last transaction should not be older than 3months, for S.No. F & G the same should be pertain to the current financial year. All documents should have the complete address for the purpose of accepting the same as proof.

15. Payment Details : Cheque / DD No. Other Modes : _____ Amount Rs.
 Date Bank: _____

DECLARATION*

I hereby agree that I have read and understood the provisions of e-mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in e-Mudhra repository.

Date: _____ Place: _____

Seal & Stamp [If available]: _____ Signature of the applicant

TO BE FILLED BY RA OFFICE ONLY*

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents.

RA Code & Name/ Seal : _____ Date: _____ Place: _____

Signature: _____

CONTACT DETAILS :

State / Union Territory Pincode / Zip code Country Name

8 Address for Communication Residence Office *(Please tick as applicable)*

9 Telephone Number & Email ID details

Country code Area/STD Code Telephone / Mobile number

Email ID

10 Status of applicant

Please select status, as applicable

Individual Hindu undivided family Company Partnership Firm Government
 Trusts Body of Individuals Local Authority Artificial Juridical Persons Association of Persons
 Limited Liability Partnership

11 Registration Number (for company, firms, LLPs, etc.)

12 In case of a citizen of India, then

Please mention your AADHAAR number (if allotted)

13 Source of Income

Please select status, as applicable

Salary Capital Gains
 Income from Business / Profession Business/Profession code [For Code: Refer instructions] Income from Other sources
 Income from House property No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name: initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname

First Name

Middle Name

Address

Flat/Room/ Door / Block No.

Name of Premises/ Building/ Village

Road/Street/ Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory Pincode

15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)

I/We have enclosed as proof of identity and as proof of address.
 [Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

16 I/We , the applicant, in the capacity of do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

Date

Signature / Left Thumb Impression of Applicant (inside the box)

Form No. 49B

[See section 203A and rule 114A]

Form of application for allotment of Tax Deduction and Collection Account Number
under Section 203A of the Income Tax Act, 1961

To,

Assessing Officer (TDS / TCS)

.....
.....

Assessing Officer Code (TDS / TCS)	
Area code	
AO Type	
Range Code	
AO Number	

Sir,

Whereas *I/we *am/are liable to *deduct/collect or deduct tax and collect tax in accordance with Chapter XVII under the heading *B. – Deduction at source' or 'BB. -Collection at source' of the Income-tax Act, 1961;

And whereas no Tax Deduction Account Number/Tax Collection Account Number or Tax Deduction Account Number and Tax Collection Account Number has been allotted to *me/us;

*I/We give below the necessary particulars:

[Please refer to instructions before filling up the form]

1 Name - (Fill only one of the columns 'a' to 'h', whichever is applicable.)

(a) Central / State Government:

Tick the appropriate entry Central Government State Government Local Authority (Central Govt.)
Local Authority (State Govt.)

Name of Office

Name of Organisation

Name of Department

Name of Ministry

Designation of the person responsible
for * making payment / collecting tax

(b) Statutory / Autonomous Bodies :

Tick the appropriate entry Statutory Body Autonomous Body

Name of Office

Name of Organisation

Designation of the person responsible
for * making payment / collecting tax

