

FORM 1A

Application form for availability or change of name

[Pursuant to sections 20 and 21
of the Companies Act, 1956]

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

1. *Application for Incorporating a new company Changing the name of an existing company

Part A : Availability of name

2(a). *Name of applicant

(b). *Occupation

(c). *Address Line I

Line II

(d). *City

(e). *State

(f). *Country

(g). *Pin code

(h). *e-mail ID

(i). Phone

(j). Fax

3. Details of promoters

* (i) Name of promoter

* (ii) Name of promoter

(iii) Name of promoter

(iv) Name of promoter

(v) Name of promoter

(vi) Name of promoter

(vii) Name of promoter

4. *Name of the state in which the proposed company is to be registered

5. *Name of the Registrar of Companies in which the proposed company is to be registered

6. *State whether the proposed company is public or private Public Private

7. Proposed name of the company (Please give 6 names in order of preference)

(a).*

(b).

(c).

(d).

(e).

(f).

8. State the significance of the key or coined word(s), if any, in the proposed name(s) (in brief)

(a).

(b).

(c).

(d).

(e).

(f).

9.*Main objects of the proposed company (If the objects include banking, stock exchange, mutual fund, etc., a copy of the in-principle approval of the appropriate authority should be enclosed)

10. *Whether the proposed name(s) is in consonance with the principal objects Yes No

11. *Whether the proposed company is a government company Yes No

12. *Particulars of director(s) (specify information of two directors in case the proposed company is a private company or specify information of three directors in case the proposed company is a public company)

(i). *Director identification number (DIN)

Name

* Father's name Husband's name

*Nationality *Occupation

If already a director or promoter of a company(s), specify Corporate identity number (CIN) of such company(s)

Director	Promoter	CIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

*Date of birth (DD/MM/YYYY)	<input type="text"/>	Income-tax permanent account number (PAN)	<input type="text"/>
Voter identity card number	<input type="text"/>	Passport number	<input type="text"/>
Others (specify)	<input type="text"/>		
Permanent residential address			
(a). *Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
(b). *City	<input type="text"/>		
(d). *State	<input type="text"/>		
(d). *Pin code	<input type="text"/>	(e). *Country	<input type="text"/>
(f). Phone	<input type="text"/>	(g). Fax	<input type="text"/>
(h). 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			
(a). *Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
(b). *City	<input type="text"/>		
(c). *State	<input type="text"/>		
(d). *Pin code	<input type="text"/>	(e). *Country	<input type="text"/>
(f). Phone	<input type="text"/>	(g). Fax	<input type="text"/>

(ii). *DIN	<input type="text"/>		
*Name	<input type="text"/>		
* <input type="radio"/> Father's name <input type="radio"/> Husband's name	<input type="text"/>		
*Nationality	<input type="text"/>	*Occupation	<input type="text"/>
If already a director or promoter of a company(s), specify CIN of such company(s)			
Director	Promoter	CIN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
*Date of birth (DD/MM/YYYY)	<input type="text"/>	Income-tax PAN	<input type="text"/>
Voter identity card number	<input type="text"/>	Passport number	<input type="text"/>
Others (specify)	<input type="text"/>		

Permanent residential address

(a). *Address Line I

Line II

(b). *City

(c). *State

(d). *Pin code (e). *Country

(f). Phone (g). Fax

(h). e-mail ID

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

Present residential address

(a). *Address Line I

Line II

(b). *City

(c). *State

(d). *Pin code (e). *Country

(f). Phone (g). Fax

(iii) DIN

Name

Father's name Husband's name

Nationality Occupation

If already a director or promoter of a company(s), specify CIN of such company(s)

Director	Promoter	CIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Date of birth (DD/MM/YYYY) Income-tax PAN

Voter identity card number Passport number

Others (specify)

Permanent residential address

(a). Address Line I

Line II

(b). City

(c). State

(d). Pin code (e). Country

(f). Phone (g). Fax

(h). e-mail ID

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

Present residential address

(a). Address Line I

Line II

(b). City

(c). State

(d). Pin code (e). Country

(f). Phone (g). Fax

13. *Proposed authorised capital

14.(a) *Whether the proposed name(s) are based on a registered trade mark or is the subject matter of an application pending for registration under the trade marks Act. Yes No

(b) If yes, furnish particulars of trade mark or application

Part B: In case of change of name

15(a). *CIN of company

(b). Global location number (GLN) of company

16(a). Name of the company

(b). Address of the registered office of the company

17. *Reasons for change in name

Attachments

1. In case of change of name of an existing company, a copy of board resolution
2. In case there is a logo associated with the trade mark then image of the logo to be attached
3. If change is due to a direction received from the Central Government, then a copy of such direction
4. Optional attachment(s) - if any

List of attachments

Declaration

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete, and the proposed name does not infringe the trademark rights of any entity or person. I have gone through the provisions of the Companies Act, 1956, the rules and guidelines framed there under in respect of availability of name.

- I have been authorised by the board of directors' resolution dated (DD/MM/YYYY) to sign and submit this application.
- I am authorised by the promoters to sign and submit this application.

To be digitally signed by

Applicant or managing director or director or manager or secretary of the company

For office use only:

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected