

FORM NO. INC-2

Pursuant to section 3(1) and 7(1) of the Companies Act, 2013 and Rule 4, 10, 12 and 15 of the Companies (Incorporation) Rules, 2014



One Person Company- Application for Incorporation

Form Language English Hindi

Refer the instruction kit for filing the form.

1. *Service Request Number (SRN) of Form NO. INC-1
2. (a) Name of the company
- (b) Type of Company is (c) Class of Company
- (d) Category (e) Sub category
- * (f) Whether the company is Having share capital Not having share capital
3. (a) Name of the state/Union territory in which the company is to be registered
- (b) Name of the office of the Registrar of Companies in which the company is to be registered
4. *Whether the address for correspondence will be the address of Registered office of the Company Yes No

II (a) Address of the registered office of the company from the date of incorporation is

*Line I	<input 3"="" type="text" value="FLT 2, BORIVLI GREEN FIELD CHS LTD,</td></tr><tr><td>Line II</td><td colspan="/> <input 3"="" type="text" value="L M ROAD, BORIVALI (WEST),</td></tr><tr><td>*City</td><td colspan="/> <input type="text" value="MUMBAI"/>		
*State/Union Territory	<input type="text" value="Maharashtra-MH"/>	*Pin code	<input type="text" value="400103"/>
*District	<input type="text" value="Mumbai City"/>		
ISO Country Code	<input type="text" value="IN"/>		
Country	<input type="text" value="INDIA"/>		
*Phone (with STD/ISD code)	<input type="text" value="022"/>	-	<input type="text" value="28324143"/>
Fax	<input type="text"/>		
*email ID of the company	<input type="text" value="navneet@kayempharma.com"/>		

- (b). *Registered Office is Owned by Company Owned by Director (Not taken on lease by company) Taken on Lease by company Owned by any other entity/ Person (Not taken on lease by company)

(c). The full address of police station under whose jurisdiction the registered office of the company is situated

*Police Station Name	<input type="text" value="MHB Colony Police Station"/>		
*Address	Line I	<input type="text" value="DON Bosco Junction, Besides Post Office, Link Road"/>	
	Line II	<input type="text" value="Borivali (West),"/>	
*City	<input type="text" value="Mumbai"/>		
*State	<input type="text" value="Maharashtra"/>		
*Pin code	<input type="text" value="400091"/>		

(d). *Particulars of the Utility Services Bill depicting the address of the Registered office (not older than two months)

Electricity bill

5. *Capital structure of the company, in case of company having share capital

(a) Authorized capital of the company (in Rs.)	100,000.00			
(i) Number of equity shares	10,000	Nominal amount per equity share	10	
Total amount of equity shares (in Rs.)				100,000.00
(ii) Number of preference shares	0			
(b) Subscribed capital of the company (in Rs.)	100,000.00			
(i) Number of equity shares	10,000	Nominal amount per equity share	10	
Total amount of equity shares (in Rs.)				100,000.00
(ii) Number of preference shares	0			

6. *Main division of industrial activity of the company

74

Description of the main division

Other Business Activities

7. Particulars of Promoter (first subscriber to the MoA)

*Whether the promoter shall be the sole director of the company

Yes

No

Director Identification number (DIN)

02739989

Pre-Fill

*Income-tax permanent account number (PAN)

AAPPV6642J

Verify Details

*First Name NAVNEET

Middle Name SAHAY

*Surname VERMA

Family Name ACHYUTANAD SAHAY VERMA

* Father's Name Mother's Name Spouse's Name

ACHYUTANAD SAHAY VERMA

*Gender Male Female Transgender

*Nationality

IN

*Date of Birth

20/09/1960

(DD/MM/YYYY)

*Place of Birth (District & State)

Muzaffarpur, Bihar

*Educational qualification

Professional

*Occupation Type

Self-employed

Professional

Homemaker

Student

Serviceman

Area of occupation

Business

Permanent Address

*Line I FLT 2 BORIVLI GREEN FIELD CHS LTD

Line II BORIVALI WEST

*City MUMBAI

*State/ Union Territory

Maharashtra-MH

*Pin code

400103

ISO Country code

IN

Country

INDIA

*Phone (with STD/ISD code) 022 - 28924143

Mobile (with country code) -

Fax

*email id navneet@kayempharma.com

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

Present Address

*Line I FLT 2 BORIVLI GREEN FIELD CHS LTD

Line II BORIVALI WEST

*City MUMBAI

*State/ Union Territory Maharashtra-MH *Pin code 400103

*ISO Country code IN

Country INDIA

*Phone (with STD/ISD code) 022 - 28924143

Mobile (with country code) -

Fax

email id

*Duration of stay at present address 15 year(s) 9 month(s)

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

*Proof of identity Passport

*Residential Proof Electricity Bill

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	U24233MH2009PTC196588
Name of the company KAYEM PHARMACEUTICAL PRIVATE LIMITED		
Director	Promoter	CIN
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	U74900MH2014NPL256016
Name of the company YUVASHAKTI PARAM SEVA UNNATTI FOUNDATION		
Director	Promoter	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Pre-fill all"/>
Name of the company		

8. *(a) Nomination

I NAVNEET SAHAY VERMA, the subscriber to the memorandum of association of Jonakayem Pharma - Form do hereby nominate Mr. Kanishk Verma 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 number (DIN)

*Income-tax permanent account number (PAN) AWKPV1930C

*First Name KANISHK

Middle Name NAVNEET

*Surname VERMA

Family Name

* Father's Name Mother's Name Spouse's Name

NAVNEET SAHAY VERMA

*Gender Male Female Transgender

*Nationality *Date of Birth (DD/MM/YYYY)

*Place of Birth (District & State)

*Educational qualification

*Occupation Type Self-employed Professional Homemaker Student Serviceman

Permanent Address

*Line I

Line II

*City

*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 same as the permanent address Yes No

Present Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

*ISO Country code

Country

*Phone (with STD/ISD code) -

Mobile (with country code) -

Fax

email id

*Duration of stay at present address year(s) month(s)

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

*Proof of identity

*Residential Proof

9. (a) *Whether the Articles are entrenched or not (if yes, entrenched Articles should be annexed thereto) Yes No

10. 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

Type of document/ Particulars	Form INC-2	Memorandum of association	Articles of association
Amount of stamp duty to be paid (in Rs.)	<input type="text" value="100.00"/>	<input type="text" value="200.00"/>	<input type="text" value="1,000.00"/>

Attachments

- * Memorandum of Association
- * Articles of Association
- * Proof of identity of the member and the nominee
- * Residential proof of the member and the nominee
- * Copy of PAN card of member and nominee
- * Consent of Nominee in Form NO. INC-3
- * Affidavit from the subscriber and first Director to the memorandum in Form NO. INC-9
- List of all the companies (specifying their CIN) having the same registered office address, if any;
- Specimen Signature in Form NO. INC-10
- Proof of Registered Office address (Conveyance/ Lease deed/Rent Agreement etc. along with rent receipts)
- Copies of the utility bills as mentioned above (not older than two months)
- Proof that the Company is permitted to use the address as the registered office of the Company if the same is owned by any other entity/Person (not taken on lease by company)
- Consent from Director
- Optional Attachment, if any

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List of attachments

MOA_Jonakayem_Final.pdf
AOA_Jonakayem_Final.pdf
Proof of Identity_Navneet and Kanishk.pdf
Residential Proof_Navneet and Kanishk.pdf
PAN Cards_Navneet and Kanishk.pdf
Form INC-9_Navneet_Jonakayem.pdf
Form INC-3_Nominee Consent_Jonaka
List of Companies at same Registered C
Form INC-10_Navneet_Jonakayem.pdf
Proof of Address_Elec bill_Navneet.pdf
Proof of Address_Elec bill_Navneet.pdf
NOC for Registered Office with Proof...

