# Form No. INC-6

# One Person Company and Private Company – Application for Conversion

[Pursuant to section 18 of the Companies Act, 2013 and Rule 6 and 7(4) the Companies (Incorporation) Rules, 2014]



| Form | language |
|------|----------|
|------|----------|

English



All fields marked in \* are mandatory

| Entity' | 's de | eta | ils |
|---------|-------|-----|-----|
|         |       |     |     |

| 1 *Application for                               |   |                                       |
|--|---|---------------------------------------|
| Conversion of OPC into private company           | 0 | Conversion of OPC into public company |
| O Conversion of Private company into OPC         |   |                                       |
| 2 (a) *Corporate Identity Number (CIN)           |   |                                       |
| 3 (a) *Name of the Company                       |   |                                       |
| (b) *Category                                    |   |                                       |
| (c) *Sub-category of the company                 |   |                                       |
| (d) *Address of Registered office of the company |   |                                       |
| (e) *Date of incorporation of the company        |   |                                       |

| (f) *email ID of the company   |                                  |                 |
|--|----------------------------------|-----------------|
| (g) *Whether company is having share capital or not  |                                  |                 |
| 4 *Name of the company at the time of incorporation (to $rak{t}$  | oe displayed in the certificate) |                 |
| 5 *Existing number of directors in the company<br>(Number of directors shall be minimum 2 in case of conv<br>or 3 in case of conversion into public company) |                                  |                 |
| 6 Particulars of special resolution  |                                  |                 |
| (a) *SRN of Form MGT-14  |                                  |                 |
| (b) *Date of passing the special resolution (DD/MM/YYYY)   |                                  |                 |
| 7 (I) Capital structure of the company (in case having shar  | e capital)                       |                 |
| (a) *Total Authorised Share capital (in INR)   |                                  |                 |
| *Total Classified Authorised Share capital (in INR)  |                                  |                 |
| Total Unclassified Authorised Share capital (in INR)   |                                  |                 |
| *Total paid up Share capital (in INR)  |                                  |                 |
| (b) Equity Share Capital   |                                  |                 |
| *Number of classes   |                                  |                 |
| Class of shares  | Authorised capital               | Paid up capital |
| *Number of equity shares   |                                  |                 |
| *Nominal amount per share (in INR)   |                                  |                 |
| *Total amount (in INR)   |                                  |                 |
| (c) Preference Share Capital   |                                  |                 |
| *Number of classes   |                                  |                 |

| Class of shares   | Authorised capital        | Paid up capital       |
|---|---------------------------|-----------------------|
|   |                           |                       |
| *Number of Preference shares                                |                           |                       |
| *Nominal amount per share (in INR)                          |                           |                       |
| *Total amount (in INR)                                      |                           |                       |
| 7 (II) Number of members (in case not having share capital) | )                         |                       |
| (a) *Maximum number of members                              |                           |                       |
| (b) *Maximum number of members excluding proposed of        | employees                 |                       |
| (c) *Number of members                                      |                           |                       |
| (d) *Number of members excluding proposed employee(         | s)                        |                       |
|   |                           |                       |
| Particulars of the person who will be sole member of the    | OPC subsequent upon conve | ersion                |
| Director Identification number (DIN)                        |                           |                       |
| Fetch from digilocker                                       |                           |                       |
| *First Name   |                           |                       |
| Middle Name   |                           |                       |
| *Surname  |                           |                       |
| *Father's First name  |                           |                       |
| Father's Middle name  |                           |                       |
| *Father's Surname   |                           |                       |
| *Gender   |                           |                       |
| O Male O Female O Transgende                                | r                         |                       |
| *Nationality  |                           | Ţ                     |
| *Date of Birth (DD/MM/YYYY)                                 |                           |                       |
| *Income-tax PAN   |                           |                       |
|   |                           |                       |
|   |                           | Verify Income tax PAN |

| *Educational Qualification<br>(X/SSLC/Junior/Equivalent/XII/SSC/High/Equivalent<br>Graduation/Bachelor/Equivalent/Postgraduate/Master/Equivalent |            |
|--|------------|
| Professional/Executive Program/Doctorate/Diploma/Others)   |            |
| *Occupation type (Business/Professional/Government/Employment/Private Employment/Housewife   | V          |
| Student/Others)  |            |
| *Area of Occupation  | V          |
| (Government/Teaching/Others)   |            |
| Permanent residential address  |            |
| *Address Line 1  |            |
| *Address Line 2  |            |
| *Country   |            |
| *Pin code  |            |
| *Area/ Locality  |            |
| *City  |            |
| *District  |            |
| *State / UT  |            |
| Phone (with STD/ISD code)  |            |
| *Mobile (with country code)  |            |
| Fax  |            |
| *Email ID  |            |
| *Whether present residential address is same as permanent residential address  | O Yes O No |
| Present address  |            |
| *Address Line 1  |            |
| *Address Line 2  |            |
| *Country   |            |
| *Pin code  |            |
|  | 1          |

| *Area/ Locality   |                |   |                      |                 | ▼        |
|---|----------------|---|----------------------|-----------------|----------|
| *City   |                |   |                      |                 |          |
| *District   |                |   |                      |                 |          |
| *State / UT   |                |   |                      |                 |          |
| *Phone (with STD/ISD code)  |                |   |                      |                 |          |
| *Duration of stay at present address (Year(s)/Mont  | th(s))         |   |                      | <b>V</b>        | <b>▼</b> |
| If Duration of stay at present address is less than one residence   | eyear then add | lress of previous                             |                      |                 |          |
| *Identity Proof (Voters Identity Card/ Passport/Driving License/Aadhaar)                                      | ▼              | *Residential Proof ((Bank Statement / Electri | city Bill / Telephon | e bill / Mobile | bill))   |
| *Identity Proof No.   |                | *Residential Proof No                         | ).                   |                 |          |
| Submit the proof of identity and proof of address   |                |   |                      |                 |          |
| (a) * Proof of identity   |                | Max 2 MB                                      | Choose File          | Remove          | Download |
| (b) *Residential proof  |                | Max 2 MB                                      | Choose File          | Remove          | Download |
| 9 Nomination  |                |   |                      |                 |          |
| I* , the memb   | per of*        |   | do hereby r          | ominate         |          |
| (First Name)* (Middle Nam   |                | (Last Name)*                                  |                      | ll become tl    |          |
| member of the company in the event of my death of within the meaning of Rule 3 of the Companies (Incompanies) |                |   | ie nommee is e       | ingible for t   |          |
| 10 Particulars of the person who will be nominee of   | f the sole mem | nber subsequent upon co                       | nversion             |                 |          |
| Director Identification number (DIN)  Fetch from digilocker   |                |   |                      |                 |          |
| *First Name   |                |   |                      |                 |          |
|   |                |   |                      |                 |          |
| Middle Name   |                |   |                      |                 |          |
| *Surname  |                |   |                      |                 |          |
| *Father's First name  |                |   |                      |                 |          |
| Father's Middle name  |                |   |                      |                 |          |

| *Father's Surname  |                       |
|--|-----------------------|
| *Gender  |                       |
| O Male O Female O Transgender  |                       |
| *Nationality   | V                     |
| *Date of Birth (DD/MM/YYYY)  |                       |
| *Income-tax PAN  |                       |
|  | Verify Income tax PAN |
| *Place of Birth (District and State)   |                       |
| *Educational Qualification<br>(X/SSLC/Junior/Equivalent/XII/SSC/High/Equivalent<br>Graduation/Bachelor/Equivalent/Postgraduate/Master/Equivalent<br>Professional/Executive Program/Doctorate/Diploma/Others) | V                     |
| *Occupation type (Business/Professional/Government /Employment/Private Employment /Housewife Student/Others)   |                       |
| *Area of Occupation (Government/Teaching/Others)   | <b>▼</b>              |
| *Permanent residential address   |                       |
| *Address Line 1  |                       |
| *Address Line 2  |                       |
| *Country   |                       |
| *Pin code  |                       |
| *Area/ Locality  | ▼                     |
| *City  |                       |
| *District  |                       |
| *State / UT  |                       |
| Phone (with STD/ISD code)  |                       |
| *Mobile (with country code)  |                       |
| Fax  |                       |

| * Email ID   |   |                    |                   |          |
|--|---|--------------------|-------------------|----------|
| *Whether present residential address is same as permanen                     | nt residential address                                    | 0                  | Yes 🔘             | No       |
| *Present address   |   |                    |                   |          |
| *Address Line 1  |   |                    |                   |          |
| *Address Line 2  |   |                    |                   |          |
| *Country   |   |                    |                   |          |
| *Pin code  |   |                    |                   |          |
| *Area/ Locality  |   |                    |                   | ▼        |
| *City  |   |                    |                   |          |
| *District  |   |                    |                   |          |
| *State / UT  |   |                    |                   |          |
| Phone (with STD/ISD code)  |   |                    |                   |          |
| Duration of stay at present address (Year(s)/Month(s))                       |   | [                  | ▼                 | ▼        |
| If Duration of stay at present address is less than one yea<br>Residence     | r then address of previous                                |                    |                   |          |
| * Identity Proof<br>(Voters Identity Card/ Passport/Driving License/Aadhaar) | * Residential Proof (Bank Statement / Electrici           | ty Bill / Telephon | e bill / Mobile b | iiI)     |
| *Identity Proof No.  | *Residential Proof No.                                    |                    |                   |          |
| Submit the proof of identity and proof of address                            |   |                    |                   |          |
| (a) * Proof of identity  | Max 2 MB  | Choose File        | Remove            | Download |
| (b) *Residential proof   | Max 2 MB  | Choose File        | Remove            | Download |
| 11 Consent along with declaration by Nominee                                 |   |                    |                   |          |
|  | isent to become the member of $\left[ {}^{\circ} \right]$ |                    |                   | ,        |
| in the event of death of   | member of the company or his in                           | ncapacity to c     | ontract.          |          |

I do solemnly declare that I am an Indian citizen and resident in India and I have not been convicted of any offence in connection with the promotion, formation or management of any company or LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law or LLP Act in the last five years. I further declare that:

I am not a nominee in any other One Person Company, and I shall comply with the eligibility criteria specified in Rule 3(3) within the prescribed period. I understand that the person nominating me may withdraw my nomination without my consent.

## \*To be digitally signed

DSC BOX

#### 12 Details of creditors and members

#### (A) List of Creditors

| S. No. | Name of the Creditor | Address | Amount<br>Due | Remarks<br>(Nature of Debt / Claim / Liability) |
|--------|----------------------|---------|---------------|---|
| (i)    | (ii)                 | (iii)   | (iv)          | (v)   |
|        |                      |         |               |   |
|        |                      |         |               |   |
|        |                      |         |               |   |

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### (B) List of Members

| S. No. | Name of the menber | Address |
|--------|--------------------|---------|
| (i)    | (ii)               | (iii)   |
|        |                    |         |
|        |                    |         |
|        |                    |         |

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# Attachments

(a) Copy of NOC of every creditors with the application for Conversion;

(b) Affidavit confirming that all the members of the company have given their consent for conversion.

(c) Optional attachment(s), if any

| Max 2 MB | Choose File | Remove | Download |
|----------|-------------|--------|----------|
|----------|-------------|--------|----------|

Max 2 MB Choose File Remove Download

Max 2 MB Choose File Remove Download

| Declaration by Director  |   |
|--|---|
| I, *   | all the members of the company have       |
| *To be digitally signed by   | DSC BOX                                   |
| Director   |   |
| * DIN  |   |
| Declaration  |   |
| a * (Director/Moccompany declare that all the requirements of the Companies Act, 2013 and the rules made of the company and matters precedent or incidental thereto have been complied with. I an give this declaration and to sign and submit this Form. It is further declared and verified that | n authorised by the board of directors to |
| * Whatever is stated in this form and in the attachments thereto is true, correct and consubject matter of this form has been suppressed or concealed and is as per the original recusboscribing to the Memorandum of Association and Articles of Association.                                     |   |
| $\square$ *No objection certificate has been received from the members and creditors allowing coor OPC company into public or private company, as the case maybe.  | onversion from private company into OPC   |
| $\square$ *All the required attachments have been completely, correctly and legibly attached to t  | his form.                                 |
| *To be digitally signed by   | DSC BOX                                   |
| *Designation   |   |
| (Director/Manager/ Company Secretary/CFO/CEO)  |   |
| * Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the company secretary  |   |
| To be digitally signed by  | DSC BOX                                   |
| Member (In case of conversion of OPC)  |   |
| PAN or DIN of member   |   |
|  | Save Submit                               |

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement/ certificate and punishment for false evidence respectively.

| eForm Service request number (SRN)           |         |
|--|---------|
| eForm filing date (DD/MM/YYYY)               |         |
| Digital signature of the authorising officer |         |
| This eForm is hereby registered              | DSC BOX |
|  |         |

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