FORM NO. INC-6

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



One Person Company and Private Company-Application for Conversion

Form Language	
1. *Application for OPC into private	company
Conversion of OPC into public	company
Onversion of Private company	y into OPC
2. (a) *Corporate identity number (CIN) of the company	
(b) Global location number (GLN)	
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	be displayed in the certificate)
Part A	
5. * Existing number of directors in the company	
(Number of directors shall be minimum 2 in case of into public company)	conversion into private company or 3 in case of conversion
6. Particulars of special resolution	
(a) *SRN of Form MGT-14	
(b) *Date of filing Form MGT-14	
(c) *Date of passing the special resolution	

7. I. Capital structure of the company	
(a) Authorized capital of the company (in Rs.)	
* (i) Number of equity shares	Nominal amount per equity share
Total amount of equity shares (in Rs.)	
* (ii) Number of preference shares	Nominal amount per preference share
Total amount of preference shares (in Rs.)	
* (b) Paid up capital of the company (in Rs.)	
(i) Number of equity shares	Nominal amount per equity share
Total amount of equity shares (in Rs.)	
(ii) Number of preference shares	Nominal amount per preference share
Total amount of preference shares (in Rs.)	Trommar amount per professione share
7. II. Number of members	
(a) Maximum number of members	
(b) Maximum number of members excluding proposed emp	loyees
(c) Number of members	
(d) Number of members excluding proposed employee(s)	
Part B	
8. Particulars of the person who will be sole member of the OPC s	nubaanuant unan aanuarian
Director Identification number(DIN)	subsequent upon conversion
*Income-tax permanent account number (PAN)	
*First Name	
Middle Name	
* Surname	
Family Name	
* Father's Name Mother's Name Spo	ouse's Name
*Gender	
*Nationality * Date of Birth	
*Place of birth (District & State)	
*Educational Qualification	
*Occupation Type	 Homemaker ⊜ Student ⊜ Serviceman
Area of occupation	
Permanent Residential Address *Line I	
Line II	
*City	
* State/ Union Territory	* Pin code
ISO Country code	Country
* Phone (with STD/ISD code)] -

Fax
*email id
*Whether present address is same as the permanent address
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 the present address year(s) month(s)
If Duration of stay at the present address is less than one year then address of previous residence
*Proof of identity
Residential proof
Nomination
, the member of * do hereby nominate
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 2.1 of the Companies
Rules, 2013.
). Particulars of the person who will be nominee of the sole member subsequent upon conversion
Director Identification number(DIN)
* Income-tax permanent account number (PAN)
*First Name
Middle Name
* Surname
Family Name
* C Father's Name C Spouse's name
*Gender
*Gender
*Nationality * Date of Birth
*Nationality * Date of Birth *Place of birth (District & State) *Educational Qualification
*Nationality * Date of Birth *Place of birth (District & State)

*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
* 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 the present address
If Duration of stay at the present address is less than one year then address of previous residence
in Darration of Stay at present address is less than one year their address of previous residence
* Proof of identity
* Residential proof
List of attachments
Attachments List of attachments 1. * Altered Memorandum of association
1. Altered Memoralidam of association
2. * Altered Articles of association
3. * Copy of the duly attested latest financial statement.
*Copy of board resolution authorizing giving of notice;
5. Copy of minutes, list of creditors and list of members.
6. Copy of NOC of every creditors with the application for
Conversion.
3. Copy of PAN card of the nominee and member
9. Proof of identity of the nominee and member
10. Residential proof of the nominee and member
11. Optional attachment(s) - if any.

Declaration Ι а of the company declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect to the conversion of the company and matters precedent or incidental thereto have been complied with. I am authorized by the board of directors to give this declaration and to sign and submit this Form. It is further declared and verified that: Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information material to the subject matter of this form has been suppressed or concealed and is as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association. No objection certificate has been received from the members and creditors allowing conversion from private company into OPC. * All the required attachments have been completely, correctly and legibly attached to this form. To be digitally signed by *Designation * Director identification number of the director; or DIN or PAN of the manager/CEO/CFO; or Membership number of the Company Secretary To be digitally signed by Member (In case of conversion of OPC) PAN or DIN of member Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively. For Office Use only E form Filing date e form Service request Number (SRN) (DD/MM/YYYY) This e-Form is hereby registered

(DD/MM/YYYY)

Digital signature of the authorising officer

Date of signing