FORM NO. FC-1

[Pursuant to section 380(1) (h) of the Companies Act 2013, and rule 3(3) of Companies (Registration of Foreign Companies) Rules, 2014]



Information to be filed by foreign company

Form language	glish Hindi								
Refer the instruction ki	t for filing the form.								
1.*Name of the foreig	1.*Name of the foreign company								
2. (a) *ISO code of the country where the foreign company is registered									
(b) Name of Count	ry								
(c) Registration nu	mber or GLN								
3. Full address of reg	gistered or principal office of foreign company								
*Line I									
Line II									
*City									
*State									
*Country	*Pin code								
*Telephone nun	nber with ISD Code								
Fax number wi	th ISD Code								
*email Id of the	foreign company								
4. (a) *Date of establi	shment of principal place of business in India (DD/MM/YYYY)								
(b)*Type of Office									
(c) Address of the	principal place of business in India								
*Line I	Findipal place of business in india								
Line II									
*City									
*State	*Pin code								
*Telephone nu									
Fax number									
*email id									
	(d)*Main division of bussiness activity to be carried out in India								
(based on relevant sub class and description given in NIC-2004) Description of the main division									
Description of	the main division								

5. Details of other places of business in India (if any)
Number of such other places of business in India
I. (i)*Date of establishment (DD/MM/YYYY)
(ii)*Type of office
(iii) Address
*Line I
Line II
*City
*State *Pin code
*Telephone number
Fax number
*email id
(iv)*Business activities to be carried out at such place
6. Particulars of place(s) of business in India established on any earlier occasion(s) other than above (if any)
Number of such places
I. (i) *Date of establishment (DD/MM/YYYY)
(ii) *Type of office
(iii) Address *Line I
Line II
*City
*State *Pin code
*Telephone number
Fax number
*email id
L
(iv) *Business activities to be carried out at such place
(v) (a)*Date of closure of such place of business (DD/MM/YYYY)
(b)*Foreign company registration number of such place
7. Details of the one or more person(s) resident in India and authorized to accept on behalf of the foreign company
service of process and any notices or other documents required to be served on the foreign company -
*Number of persons authorised
Particulars of the person authorised

Director Identification Number (if any)	Pre-fill							
*Income tax permanent account number (Income-tax PAN)								
*Name of the person resident in India authorised to accept on behalf of foreign company								
*() Father's Name () Mother's Name () Spouse's	Name							
*Designation								
Membership number (In case of Secretary)								
*Nationality *Date of Birth	(DD/MM/YYYY)							
If the present nationality is not the nationality of origin,								
then specify the nationality of origin								
Number of the passports								
Passport number	Date of issue (DD/MM/YYYY)							
Issue country								
*Occupation type	al () Homemaker () Student () Serviceman							
	a O Homemaner O etasonic O estivicement							
Permanent address								
*Line I								
Line II								
*City								
*State /Union Territory	*Pin code							
*ISO Country code Country								
*Phone	Fax							
*e-mail ID								
*Whether present address is same as the permanent add	dress Yes No							
Present Address								
*Line I								
*City								
*State/Union Territory	*Pin code							
*ISO Country code Country	1 11 3345							
*Phone	Fax							
*Whether the person authorised has been appointed thr								
Power of attorney Resolution								
Details of the permission obtained from any Authority								
Number of authority from whom approvals taken								

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l. i)*N	Name of the Authority
ii) <mark>*</mark> [Date of obtaining the approval order (DD/MM/YYYY)
iii)*	Order number
•	Period of validity of such permission, if any
v) *	Permission obtained for
vi)	Brief particulars of terms and conditions subject to which such permission is given, if any
vii)	Other details, if any
9. (i)*Whe	ether the parent company is in operation at the time of making this application Yes No
(ii)*Whe	ether there is any winding up proceedings is pending against the parent company Yes No
or hol	s of subsidiary, holding or associate companies in India of the foreign company or of any subsidiary lding company of such foreign company or its or subsidiary company is a partner:
*Numb	er of such entities
Partic	ulars of such entities
l. i. * (CIN/FCRN/LLPIN/Other Registration Number Pre-fill
	Name of such company or firm
[
iii.*	Whether the company is
	s of the persons, firms or companies in India which shall be deemed to be the `related party', within the
	ng of clause 76 of section 2 of the Act, of the foreign company or of any subsidiary or holding company of such a company or of any firm in which such foreign company or its subsidiary or holding company is a partner.
_	er of related parties
	ulars of related parties
Failio	
	DIN/PAN/CIN/FCRN/LLPIN/Other Registration Number Pre-fill
ii.*N —	Name of such person or company or firm
iii.*	Whether the person or company or firm is
12. (a)*W	hether the company is falling under section 379 of the Companies Act, 2013 Yes No

(a) State or Union Territory in respect of whice paid or to be paid on foreign executed po					Pre-fill
(b)*Whether stamp duty is to be paid electro	•	MCA21 system (Yes () No ()	Not applicable
(i) Details of stamp duty to be paid					
Amount of stamp duty to be paid	(in Rs)				
(ii) Provide details of stamp duty already					
(ii) I rovide details of stamp duty already	paid				
Type of document/Particulars			Form FC	-1	
Total amount of stamp paid (in F	Rs.)				
Mode of payment of stamp duty					
Name of the office of the collector of stamps of prescribed authority for stamping in foreign executed documents as per Rule 18 of the Ind Stamp Act					
Serial number of embossing or stamps or treas	sury				
Date of payment of stamp duty			(DD/MM	1/YYYY)	
Place of payment of stamp duty					
tachments				List of	f attachments
 *Certified copy of the charter, statutes, or me and articles of the company or other instrum constituting or defining the constitution of the 	ent	Attach			
2. *List of directors and secretary of the foreign	company;	Attach			
 *Power of attorney or board resolution in favo authorized representative(s); 	or of the	Attach			
1. *Reserve bank of India approval letter		Attach			
5. Optional attachment(s), if any		Attach			
			L	Remo	ove attachment

Declaration

I, *							
the authorized representative of the company, hereby certify that I am authorized by the Board of Directors of the Compa							
Company vide resolution number *							
dated * (DD/MM/YYYY) dated to sign this form and declare that all the requirements of Companies							
Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have							
been complied with. It is further declared and verified that:							
1. Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information materia							
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							
2. None of the directors or the authorised representative in India has ever been convicted or debarred from formation of companies and management in India or abroad							
3. All the required attachments have been completely, correctly and legibly attached to this form							
*To be digitally signed by							
*Name of the authorised representative							
*Income Tax PAN of the Authorised representative							
Note:Attention is also drawn to provisions of Section 448 of the Companies Act, 2013 which provide for punishment for false statement and certification.							
Modify Check Form Prescrutiny Submit							
For office use only: Affix filing details							
eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)							
This e-Form is hereby registered							
Digital signature of the authorising officer Confirm submission							
Date of signing (DD/MM/YYYY)							