

MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, the 20th January, 2023

G.S.R. 36(E).—In exercise of the powers conferred by clause (c) and clause (h) of sub-section (1) and sub-section (3) of section 380, clause (a) of sub-section (1) and sub-section (3) of section 381, section 385 , clause (a) of section 386, section 389 and section 390, read with section 469 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (Registration of Foreign Companies) Rules, 2014 namely: -

1. **Short title and commencement-** (1) These rules may be called the Companies (Registration of Foreign Companies) Amendment Rules, 2023.

(2) They shall come into force with effect from 23rd January, 2023.

2. In the Companies (Registration of Foreign Companies) Rules, 2014

(a) in sub-rule 2 of rule 3, for clause (c), the following clause shall be substituted, namely:-

“(c) father’s name or mother’s name or spouse’s name;”;

(b) in the Annexure, for the FORM FC-1, FORM FC-2, FORM FC-3 and FORM FC-4, the following shall be substituted, namely: -

“Form No. FC-1

Information to be filed by foreign company

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



Form language

English

Hindi

Refer instruction kit for filing the form.

*All fields marked in * are mandatory*

Company’s Details

1 (a) *Name of the foreign company

(b) Registration Number (for the parent entity)

2 (a) Full address of registered or principal office of foreign company

*Address Line 1

Address Line 2

*Country

* Zip Code

*Area/ Locality

*City

District

*State/UT

*Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

*Email ID of the foreign company

(b) *Is the Country Part of Hague Convention

 Yes No**3 Principal place of business in India**

(a) *Date of establishment of Principal place of business in India (DD/MM/YYYY)

(b) *Type of office

(Liaison office/Branch office/ Project office/Other office)

(b) (i) If others, then provide details

(c) Address of the principal place of business in India

*Address Line 1

Address Line 2

*Country

*Pin code

*Area/ Locality

*City

*District

*State/ UT

*Telephone Number with STD/ISD code

Fax Number (with STD/ISD code)

*Email ID of the foreign company

Search and select industry sub-class (NIC Codes)

(d) *Main division of business activity to be carried out in India (based on relevant sub class and description given in NIC-2008)

(e) *Description of the main division

4 Details of other places of business in India (if any)

(a) *Are any other places of business established in India

Yes No

(b) Number of such other places of business in India

(c) Date of establishment (DD/MM/YYYY)

(d) Type of Office

(Liaison office/Branch office/Project office/Other office)

(d)(i) If others, specify

(e) Address

Address Line 1

Address Line 2

Country

Pin code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

(Fax Number (with STD/ISD code)

Email ID of the foreign company

(f) Business activities to be carried out at such other place

5 Particulars of place(s) of business in India established on any earlier occasion(s) other than above (if any)

(a) *Number of such places	<input type="text"/>
(b) *Foreign Company Registration Number (FCRN) of such place	<input type="text"/>
(c) *Date of establishment (DD/MM/YYYY)	<input type="text"/>
(d) *Type of Office (Liaison office/ Branch office/Project office/Other office)	<input type="text"/> ▼
(d)(i) If others, specify	<input type="text"/>

(e) Address	<input type="text"/>
*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/> ▼
*Pin code	<input type="text"/>
*Area/ Locality	<input type="text"/> ▼
*City	<input type="text"/>
District	<input type="text"/>
*State/ UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
*Email ID	<input type="text"/>
(f) *Date of closure of such place of business (DD/MM/YYYY)	<input type="text"/>
(g) Business activities to be carried out at such place	<input type="text"/>

6 Details of the one or more person(s) resident in India and authorised 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 –

(a)* Number of persons authorised

Particulars of the authorised person

(b) *Do you have Director Identification Number (DIN)? Yes No

(b) (i) If Yes, please enter the DIN details

(c) Do you want to fetch the details from Digilocker?

Fetch from Digilocker

(d) *First Name

(e) Middle Name

(f) *Last Name

(g) Any former name or names and surname or surnames in full

(h) *Please provide one

Father's Name

Mother's Name

Spouse's Name

(i) *First Name

(j) Middle Name

(k) *Last Name

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

(m) *Nationality

(n) If the present nationality is not the nationality of origin, then specify the nationality of origin

(o) *Occupation type

(Business/Professional/Serviceman/Housewife/Student/Others)

(o)(i) Area of Occupation

(o)(ii) If 'Others' selected, please specify

(p) *Designation

(q) *Income tax Permanent Account number (Income-tax PAN)

Verify PAN

(r) Membership number (In case of Secretary)

(s) *Number of passports

(t) Passport Number

(u) Date of issue (DD/MM/YYYY)

(v) Issue Country

7 Permanent Address

*Address Line 1

Address Line 2

*Country	<input type="text"/>
*Pin code / Zip Code	<input type="text"/>
*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
*Email ID	<input type="text"/>

8 *Whether present residential address same as permanent residential address

Yes No

(a) Present Address

*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin code/Zip Code	<input type="text"/>
*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

Max 2 MB

Choose File

Remove

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(f)(ii) Residential proof

Max 2 MB

Choose File

Remove

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9 *Whether the person authorised has been appointed through power of attorney or by passing the resolution

 Power of Attorney Special Resolution
10 Details of Directors and Secretary of the Foreign Company

*Number of Directors and Secretary

11 Particulars of the director and secretary(a) *Designation
Secretary Director

(b) *Do you have Director Identification Number (DIN)?

 Yes No

(c) If Yes, please enter the DIN details

(d) Do you want to fetch the details from Digilocker?

Fetch from Digilocker

(e) *First Name

(f) Middle Name

(g) *Last Name

(h) Any former name or names and surname or surnames in full

(i) *Please provide one

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

(j) *First Name

(k) Middle Name

(l) *Last Name

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

(n) *Nationality

(o) If the present nationality is not the nationality of origin, then specify the nationality of origin

(p) *Occupation type

(Business/ Professional/ Serviceman/Housewife/ Student/Others)

(p)(i) Area of Occupation

(p)(ii) If 'Others' selected, please specify

(q) Income tax Permanent Account number (Income-tax PAN)

Verify PAN

(r) Membership number (In case of Secretary)

(s) *Number of passports

(t) Passport Number

(u) Date of issue (DD/MM/YYYY)

(v) Issue Country

12 Permanent Address

*Address Line 1

Address Line 2

*Country

*Pin code / Zip Code

*Area/ Locality

*City

District

*State/UT

*Telephone number (with STD/ISD code)

Fax Number (with STD/ISD code)

*Email ID

13 Whether present residential address same as permanent residential address Yes No**(a) *Present Address**

*Address Line 1

Address Line 2

*Country

*Pin code/Zip code

*Area/ Locality

*City

District

*State/ UT

*Telephone number (with STD/ISD code)

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

Max 2 MB

Choose File

Remove

Download

(f)(ii) Residential proof

Max 2 MB

Choose File

Remove

Download

14 Declaration of other directorship or directorships held by him

(a) Number of entities

(b) *CIN/LLPIN/FCRN/Registration number

(c) *Name

(d) *Address

15 Details of the permission obtained from any Authority

(a) * Number of authorities from whom approvals taken

(b) Name of the Authority

(c) Date of obtaining the approval order (DD/MM/YYYY)

(d) Order number

(e) Validity

Fixed

Unlimited

(f) Date (DD/MM/YYYY)

16 (a) *Whether the parent company is in operation at the time of making this application

Yes

No

(b) *Whether there is any winding up proceedings pending against the parent company

Yes

No

(b)(i) If yes, mention details

17 Details of subsidiary, holding or associate companies in India of the foreign company or of any subsidiary or holding company of such foreign company or of any firm in India in which such foreign company or its holding or subsidiary company is a partner

(a) *Number of such entities

Particulars of such entities

CIN/FCRN/LLPIN/Other registration number	Name of such entity	Whether the entity is <input type="checkbox"/> <i>(Subsidiary of the foreign company/ Holding of the foreign company/ Associate of the foreign company/ Subsidiary of any subsidiary/holding company of such foreign company/ holding of any subsidiary/ holding company of such foreign company/ associate of any subsidiary/holding company of such foreign company/ Firm in India in which such foreign company or its holding or subsidiary company is a partner)</i>

18 Details of the persons, firms or companies in India which shall be deemed to be the 'related party', within the meaning of clause 76 of section 2 of the Act or Indian Accounting Standard 18, of the foreign company or of any subsidiary or holding company of such foreign company or of any firm in which such foreign company or its subsidiary or holding company is a partner.

(a) *Number of related Parties

Particulars of related parties

DIN/PAN/CIN/FCRN/LLPIN/Other Registration number	Name of such related parties	Whether the related party is <input type="checkbox"/> <i>(Related party to the foreign company/ Related party to any subsidiary/holding company of such foreign company/ Related party to any firm in which such foreign company or its subsidiary/holding company is partner)</i>

19 (a) *Whether the company is falling under section 379 (2) of the Companies Act, 2013

 Yes No

(a)(i) If yes, specify the number of such persons covered under section 379

20 Particulars of such person(s)

*Category

(Citizen of India/Companies incorporated in India/Body Corporates incorporated in India)

21 Details of the person

(a) *Do you have Director Identification Number (DIN)?

 Yes No

(a)(i) If Yes, please enter the DIN details

(b) Do you want to fetch the details from Digilocker?

(c) *First Name

(d) Middle Name

(e) *Last Name

(f) Any former name or names and surname or surnames in full

(g) *Please provide one

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

(h) *First Name

(i) Middle Name

(j) *Last Name

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

(l) *Nationality

(m) If the present nationality is not the nationality of origin, then specify the nationality of origin

(n) *Occupation type

(Business/ Professional/ Serviceman/Housewife/Student/ Others)

(n)(i) Area of Occupation

(n)(ii) If 'Others' selected, please specify

(o) *Educational qualification

(X/SSLC/Junior/Equivalent, XII/SSC/High/Equivalent, Graduation/Bachelor/Equivalent, Post Graduate/Master/Equivalent, Professional, Executive Program, Doctorate., Diploma, Others)

(p) Income tax Permanent Account number (Income-tax PAN)

22 Permanent Address

*Address Line 1

Address Line 2

*Country

*Pin code / Zip Code

*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
*Email ID	<input type="text"/>

23 *Whether present residential address same as permanent residential address

Yes No

(a) Present Address

*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin code/Zip Code	<input type="text"/>
*Area/ Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
*Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

Max 2 MB	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
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(f)(ii) Residential proof

Max 2 MB	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
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24 Details of Companies / Body Corporate

(a) *CIN/LLPIN/Other Registration Number

(b) *Name of the company/body corporate

*Address Line 1

Address Line 2

*Country

*Pin code / Zip Code

*Area/ Locality

*City

District

*State/ UT

*Telephone number (with STD/ISD code)

Fax Number (with STD/ISD code)

*Email ID

25 Particulars of payment of stamp duty (Refer instruction kit for details before filling the particulars)

(a) State or UT in respect of which stamp duty is paid or to be paid on foreign executed power of attorney

(b) *Whether stamp duty is to be paid electronically through MCA21 system
(Yes/No/Not Applicable)**(c) Details of stamp duty to be paid**

(c)(i) *Amount of stamp duty to be paid

Provide details of stamp duty already paid**Type of document/ Particulars**

*Total amount of stamp duty paid (in INR)	*Mode of payment of stamp duty <input type="text"/> (Manual/Electronic)	*Name of the office of the collector of stamps or prescribed authority for stamping in foreign executed documents as per Rule 18 of the Indian	*Serial number of embossing or stamps or treasury Challan number	*Date of payment of stamp duty (DD/MM/YYYY)	Place of payment of stamp duty

		Stamp Act			

Attachments

(a) *Certified copy of the charter, statutes, or memorandum and articles of the company or other instrument constituting or defining the constitution of the company

(b) *Power of attorney or board resolution in favour of the authorised representative(s)

(c) *Copy of approval / intimation filed with requisite Authority(s)/Regulator(s);

(d) *Copy of PAN/ Passport for Authorised Representative

(e) Optional Attachment(s), if any

Declaration

I* the authorised representative of the company, hereby certify that I am authorised by the Board of Directors of the Company vide resolution number * Dated (DD/MM/YYYY) 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 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.
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 authorised representative

DSC Box

* Income Tax PAN of the Authorised representative

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.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby registered

Date of signing (DD/MM/YYYY)

Form No. FC-2

Return of alteration in the documents filed for registration by foreign company

[Pursuant to section 380(3) of the Companies Act 2013, and rule 3 (4) Companies (Registration of documents filed for registration Foreign Companies) Rules, 2014]



Form language

English

Hindi

Refer instruction kit for filing the form.

*All fields marked in * are mandatory*

Company's Details

1 (a) *Foreign Company Registration Number (FCRN)

(b) *Name of the Company

(c) *Address of the principal place of business in India of the foreign company

(d) *Email ID of the Company

2 Change information

(a) *Type of change

Alteration in charter, statute or memorandum of association or articles of association or name

- Alteration in registered or principal office of the company in the country of incorporation
- Alteration in places of business in India of the company
- Alteration in Particulars of Directors or Secretary
- Alteration in Particulars of authorised representative(s) of company
- Others

(b) Date of the board meeting authorising such alteration, if any (DD/MM/YYYY)

(c) Date of general meeting (if any) (DD/MM/YYYY)

(d) *Whether there is any material change in the status or affairs of the parent company

Yes No

(d)(i) If yes, furnish the brief details (attachment required)

(e) *Whether there is any material change in the ownership of the parent company

Yes No

(e)(i) If yes, furnish the brief details (attachment required)

3 Part A: Alteration in charter, statute or memorandum of association or articles of association or name

(a) Date of alteration (DD/MM/YYYY)

(b) Brief description of the alteration

(c) Type of resolution
Special

Ordinary

(d) Whether there is any change in the name of the company?

Yes No

(d)(i) If yes, specify the changed name of the company

4 Part B: Alteration in registered or principal office of the company in the country of incorporation

(a) Address of new registered or principal office of the company in the country of incorporation

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District	<input type="text"/>
State/UT	<input type="text"/>
Telephone Number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
Email ID of the foreign company	<input type="text"/>
(b) Date of alteration (DD/MM/YYYY)	<input type="text"/>
(c) Brief description of the alteration	<input type="text"/>

5 Part C: Alteration in the place of business in India of the company

(a) Number of Alterations	<input type="text"/>
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6 Details with respect to each alteration

(a) Type of alteration <i>(Change in address in India/Closure of places of business in India/Intimation of new place of business in India/ Change in type of office/Change in type of business activity)</i>	<input type="text"/> ▼
(b) Whether the alteration is in respect of <i>(Principal place of business/Other place(s) of business)</i>	<input type="text"/> ▼
(c) Place of business for which alteration has to be made	<input type="text"/> ▼
(d) Effective date of alteration (DD/MM/YYYY)	<input type="text"/>
(e) Brief description of the alteration	<input type="text"/>

7 Change in address in India

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Country	<input type="text"/>
Pin code / Zip Code	<input type="text"/>
Area/ Locality	<input type="text"/> ▼
City	<input type="text"/>
District	<input type="text"/>
	<input type="text"/>

State/ UT

Telephone number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

8 Intimation of new place of business in India

(a) Type of office

(Liaison office/Branch office/Project office/ Other office)

(a)(i) If others, specify

(b) **Address**

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone number (with STD/ISD code)

Fax Number (with STD/ISD code)

(c) Business activities to be carried out at such other place

9 Change in type of office

(a) Type of office

(Liaison office/Branch office/ Project office/Other office)

(a)(i) If others, specify

10 Change in type of business activity

(a) Main division of business activity to be carried out in India (based in relevant sub class and description given in NIC-2008)

(b) Description of the main division

11 Details of the permission obtained from any Authority

- (a) Whether any approval is required for setting up the office in India Yes No
- (b) If yes, Name of the Authority
- (c) Date of obtaining the approval (DD/MM/YYYY)
- (d) Order number
- (e) Validity Fixed Unlimited
- (f) Date (DD/MM/YYYY)

12 Part D: Alteration in Particulars of Directors or Secretaries

- (a) Number of Alterations
- (b) Type of alteration
- Appointment of directors or secretaries Cessation of office of directors or secretaries

13 Details of Directors or Secretaries for which cessation of office has to be filed

Select the name of the director/secretary from dropdown ▼	Date of appointment (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)	Date of cessation of office (DD/MM/YYYY)

14 Particulars of the director or secretary for whom appointment is to be filed

- (a) Designation Secretary Director
- (b) Do you have Director Identification Number (DIN)? Yes No
- (b)(i) If Yes, please enter the DIN details
- (c) Do you want to fetch the details from digilocker?
- (d) First Name
- (e) Middle Name
- (f) Last Name
- (g) Any former name or names and surname or surnames in full
- (h) Please provide one Father's Name Mother's Name Spouse's Name

(i) First Name	<input type="text"/>
(j) Middle Name	<input type="text"/>
(k) Last Name	<input type="text"/>
(l) Date of Birth (DD/MM/YYYY)	<input type="text"/>
(m) Nationality	<input type="text"/> ▼
(n) If the present nationality is not the nationality of origin, then specify the nationality of origin	<input type="text"/> ▼
(o) Occupation Type (Business/Professional/Service/Man/Housewife/ Student/Others)	<input type="text"/> ▼
(o)(i) Area of Occupation	<input type="text"/> ▼
(o)(ii) If 'Others' selected, please specify	<input type="text"/>
(p) Income tax Permanent Account number (Income-tax PAN)	<input type="text"/>
	<input type="button" value="Verify PAN"/>
(q) Membership number (In case of Secretary)	<input type="text"/>
(r) Number of passports	<input type="text"/>
(s) Passport Number	<input type="text"/>
(t) Date of issue (DD/MM/YYYY)	<input type="text"/>
(u) Issue Country	<input type="text"/> ▼
(v) Date of appointment (DD/MM/YYYY)	<input type="text"/>

15 Permanent Address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Country	<input type="text"/> ▼
Pin code / Zip Code	<input type="text"/>
Area/ Locality	<input type="text"/> ▼
City	<input type="text"/>
District	<input type="text"/>
	<input type="text"/>

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

16 (a) Whether present residential address same as permanent residential address

 Yes No**Present address**

Address Line 1

Address Line 2

Country

Pin code/Zip code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) **Submit the proof of identity and proof of address**

(f)(i) Proof of identity

Max 2 MB

Choose File

Remove

Download

(f)(ii) Residential proof

Max 2 MB

Choose File

Remove

Download

17 Declaration of other directorship or directorships held by him

(a) Number of entities

(b) CIN/LLPIN/FCRN/Registration number

(c) Name

(d) Address

18 Part E: Alteration in particulars of authorised representative(s) of company

(a) Number of Alteration

(b) Type of alteration

- Appointment of new person authorised to accept service of documents
- Modification to the particulars of person authorised to accept service of documents
- Cessation of office of person authorised to accept service of documents

(c) Brief Description of alteration

19 Particulars of the authorised representative in respect of whom cessation of office has to be filed

(a) Select the name of the authorised representative from dropdown

(b) Date of appointment (DD/MM/YYYY)

(c) Income tax Permanent Account number (Income-tax PAN)

(d) Effective date of cessation (DD/MM/YYYY)

20 Particulars of the authorised representative for modification of details

(a) Select the name of the authorised representative from dropdown

(b) Income tax Permanent Account number (Income-tax PAN)

[Verify PAN](#)

(c) Effective date of modification (DD/MM/YYYY)

21 Do you want to add DIN number for the authorised representative?

- Yes No

(a) If Yes, please enter the DIN details

22 Do you want to update permanent address?

- Yes No

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

23 Do you want to update present address and contact details?

 Yes No

24 Whether present residential address same as permanent residential address

 Yes No

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

Email ID

25 Do you want to add more passport details?

No

Yes

(a) Number of passports

(b) Passport Number

(c) Date of issue (DD/MM/YYYY)

(d) Issue Country

26 Particulars of the authorised representative appointed to accept service of documents on behalf of company

(a) Effective date of appointment (DD/MM/YYYY)

(b) Do you have Director Identification Number (DIN)?
No

Yes

(b)(i) If Yes, please enter the DIN details

(c) Do you want to fetch the details from digilocker?

Fetch from digilocker

(d) First Name

(e) Middle Name

(f) Last Name

(g) Any former name or names and surname or surnames in full

(h) Please provide one
Name

Father's Name

Mother's Name

Spouse's

(i) First Name

(j) Middle Name

(k) Last Name

(l) Date of Birth (DD/MM/YYYY)

(m) Nationality



(n) If the present nationality is not the nationality of origin, then specify the nationality of origin



(o) Occupation Type

(Business/Professional/Service man/ Housewife/Student/ Others)



(o)(i) Area of Occupation



(o)(ii) If 'Others' selected, please specify

(p) Designation

(q) Income tax Permanent Account number (Income-tax PAN)

Verify PAN

(r) Membership number (In case of Secretary)

(s) Number of passports

(t) Passport Number

(u) Date of issue (DD/MM/YYYY)

(v) Issue Country

27 Permanent Address

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/ UT

Telephone Number (with STD/ISD code)

Fax Number with STD/ISD code

Email ID

28 Whether present residential address same as permanent residential address

 Yes No

(a) Present address

Address Line 1

Address Line 2

Country

Pin code/Zip code

Area/ Locality

City

District

State/ Union Territory

Telephone Number (with STD/ISD code)

Fax Number (with STD/ISD code)

(b) Identity Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(c) Identity Proof No.

(d) Residential Proof

(Voters Identity Card/ Passport/Driving License/Aadhaar)

(e) Residential Proof No.

(f) Submit the proof of identity and proof of address

(f)(i) Proof of identity

Max 2 MB

Choose File

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(f)(ii) Residential proof

Max 2 MB

Choose File

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29 Whether the person authorised has been appointed through power of attorney or by passing the resolution

Power of attorney

Special Resolution

30 Part F: Others

(a) Date of alteration (DD/MM/YYYY)

(b) Brief description of the alteration

(c) Type of resolution
Applicable

Ordinary

Special

Not

Attachments

(a) *Certified true copy of the Board resolution, if any

Max 2 MB

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(b) *Certified true copy of the general meeting resolution

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(c) Copy of approval letter (it is mandatory if any approval is required for such alteration).

Max 2 MB

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(d) Translated version of the documents in English (in case documents attached are not in English).

Max 2 MB

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(e) Copy of intimation filed with RBI

Max 2 MB

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(f) Audited financials till date of closure and detail of authorised representatives appointed and ceased since establishment till the date of closure in tabular form with challan numbers

Max 2 MB

Choose File

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(g) Optional Attachment(s), if any

Max 2 MB

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DeclarationI * , the authorised representative of the company hereby certify that I am authorised by the

Board of Directors of the Company vide resolution no* dated*
(DD/MM/YYYY) 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 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.
2. All the required attachments have been completely, correctly and legibly attached to this form.

* To be digitally signed by:

DSC BOX

* Authorised representative of the Foreign company

* Income tax Permanent Account number (Income-tax PAN)

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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.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby registered

Date of signing (DD/MM/YYYY)

DSC BOX

Form No. FC-3**Annual accounts along with the list of all principal places of business in India established by foreign company**

Form language

 English Hindi

[Pursuant to section 381 of the Companies Act 2013, and rule 6 of Companies (Registration of Foreign Companies) Rules, 2014]

Refer instruction kit for filing the form.

All fields marked in * are mandatory

Company's Details

1 (a) *Foreign Company Registration Number (FCRN)

(b) *Name of the Company

(c) *Address of the registered or principal place of foreign company

(d) *Email id of the Company

(e) *Description of the business activities carried out at the principal place

2 List of all places of business in India as on the balance sheet date

(a) *No. of place(s) of business in India as on the balance sheet date

*Date of establishment (DD/MM/YYYY)	*Specify the type of office <input type="button" value="▼"/> (Liaison office/Branch office/Project office/other office)	*Address of places of business in India

3 Period of Annual Accounts

(a) *From (DD/MM/YYYY)

(b) *To (DD/MM/YYYY)

(c) *Date of Signing of report on the annual accounts by the auditors (DD/MM/YYYY)

4 Particulars of the Annual Accounts of the Company**Part-A Balance Sheet**

	Particulars	*Figures as at the end of (Current Financial year) (in INR) (DD/MM/YYYY) <input type="text"/>	Figures as at the end of (Previous Financial Year) (in INR) (DD/MM/YYYY) <input type="text"/>
I	Sources of fund		
(a)	*Capital (including funds received from parent company)		
(b)	*Reserves and Surplus		
(c)	*Secured loans		
(d)	*Unsecured Loans		
(e)	*Deferred tax liabilities (Net)		
(f)	Others 1 (Please specify) <input type="text"/>		
(g)	Others 2 (Please Specify) <input type="text"/>		
(h)	Total		
II	Application of Funds		
IIA	Non-Current Assets		
(a)	*Gross Fixed assets (including intangible assets)		
(b)	*Less: Depreciation and Amortization		
(c)	Net Fixed assets		
(d)	*Capital work in progress		
(e)	*Investments		
(f)	*Deferred tax assets (Net)		
IIB	Current assets, loans and advances		
(a)	*Inventories		
(b)	*Sundry Debtors		
(c)	*Cash and bank balances		
(d)	*Other current assets		
(e)	*Loan and advances		
IIC	Less: current liabilities and provisions		
(a)	*Liabilities		
(b)	*Provisions		
(c)	Net current assets		
(d)	*Miscellaneous expenditure to the extent not written off or adjusted		
(e)	*Profit and loss account		
(f)	Others 1 (Please Specify) <input type="text"/>		

(g)	Others 2 (Please Specify)	<input type="text"/>		
(h)	TOTAL			

5 Part B: STATEMENT OF PROFIT AND LOSS (in relation to the business carried in India)

	Particulars	Figures for the period (Current reporting period) (in INR)		Figures for the period (Previous reporting period) (in INR)	
		From (DD/MM/YYYY)	<input type="text"/>	From (DD/MM/YYYY)	<input type="text"/>
		To (DD/MM/YYYY)	<input type="text"/>	To (DD/MM/YYYY)	<input type="text"/>
I	Revenue from Indian Operations				
(a)	Sale of goods manufactured				
(b)	Sale of goods traded				
(c)	Sale or supply of services				
II	Other Income (from Indian Operations)				
III	Total Revenue (I+II)				
IV	Total Expenses incurred				
V	Profit before exceptional and extraordinary items and tax (III-IV)				
VI	Expectational and extraordinary items				
VII	Profit before taxation (V-VI)				
VIII	Taxation				
IX	Profit after taxes (VII-VIII)				
X	Profit as per section 198				

Attachments

(a) *Copy of latest consolidated financial statement of parent company

Max 2 MB

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(b) *Copy of balance sheet and profit and loss account duly authenticated under section 381(1)

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(c) Statement of related party transactions as per rule 4 (2)(a)

Max 2 MB

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(d) Statement of repatriation of profits as per rule 4 (2)(b)

Max 2 MB

Choose File

Remove

Download

(e) Statement of transfer of funds as per rule 4 (2)(c)

Max 2 MB

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(f) Optional Attachment(s)- if any

Max 2 MB

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Declaration

I * _____, the authorised representative of the company hereby certify that I am authorised by the Board of Directors of the Company vide resolution no.* _____ dated (DD/MM/Y) _____ 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 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.
2. All the required attachments have been completely, correctly and legibly attached to this form.

* To be digitally signed by

DSC BOX

* Authorised representative of the Foreign company

* Income Tax PAN of the Authorised representative

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.

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the company.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Form No. FC-4**Annual Return of a Foreign Company**

[Pursuant to Section 384(2) of the Companies Act 2013 and rule 7 of the Companies (Registration of Foreign Companies) Rules, 2014]



Form language

 English Hindi

Refer instruction kit for filing the form.

*All fields marked in * are mandatory*

Company Information

1 (a) *Foreign Company Registration Number (FCRN)

(b) *Name of the company

(c) *Address of the registered office of the company

2 *Whether any part of the register of members or debentures kept in India

 Yes No

If yes, address of the place in which the part of the register is kept

Address Line 1

Address Line 2

Country

Pin code / Zip Code

Area/ Locality

City

District

State/UT

3 Date of Balance Sheet

(a) *Date of balance sheet (last day of financial year of the company) (DD/MM/YYYY)

4 Principal business activities of the company (Numbers)

All the business activities contributing 20 % or more of the total turnover of the company shall be stated

S No	*Business activities	*Turnover as % to total sales/ turnover of the company
1		
2		
3		
4		
5		

5 Details of associated and related entities

Details of subsidiary, holding or associate companies in India of the foreign company or of any subsidiary or holding company of such foreign company or of any firm in India in which such foreign company or its holding or subsidiary company is a partner:

(a) *Number of such entities

Particulars of such entities

S No	CIN/FCRN/LLPIN/Other Registration Number	Name of such company or firm	Whether the company is <input type="checkbox"/> <i>(Subsidiary of the foreign company/Holding of the foreign company/Associate of the foreign company/Subsidiary of any subsidiary/holding company of such foreign company/Holding of any subsidiary/holding company of such foreign company/Associate of any subsidiary/holding company of such foreign company)</i>

6 Summary of share capital, debentures and other securities

(a)(i) *Authorised share capital (a)(ii) *number of shares (in INR) divided into

Class of shares	Number of shares	Nominal value (in Rs)

7 Particulars of authorised Indian Depository Receipts

(a) Total number of IDRs

(b) Nominal value per IDR

(c) Total amount of IDRs

8 Subscribed share capital**Number of shares each class taken**

Number of shares	Class of shares

9 Number of shares each class issued subject to payment wholly in cash

Number of shares	Class of shares

10 Number of shares each class issued as fully paid-up for a consideration other than cash

Number of shares	Class of shares

11 Number of shares of each class issued as partly paid-up for a consideration other than cash and extent to which each such share is so paid up

Class of share	Number of shares	Paid-up value per share

12 Number of shares (if any) of each class issued as discount

Number of shares	Class of shares

(a) Amount of discount on the issue which has not been written off (in INR)

13 Particulars of subscribed Indian Depository Receipts

(a) Total number of IDRs

(b) Nominal value per IDR

(c) Total amount of IDRs

14 Called up share capital

Amount Called up on number of shares of each class

Class of share	Number of shares	Called up value per share

15 Total amount of calls received, including payment on application and allotment and any sums received on shares forfeited (in INR)

16 (a) *Total amount (if any) agreed to be considered as paid on number of shares of each class issued as fully paid-up for a consideration other than cash (in INR) on

Number of shares	Class of shares

17 (a) *Total amount (if any) agreed to be considered as paid on number of shares of each class issued as partly paid-up for a consideration other than cash (in INR) on

Number of shares	Class of shares

18 Total amount of calls unpaid (in INR)

19 Particulars of paid up Indian Depository Receipts

(a) Total number of IDRs

(b) Nominal value per IDR

(c) Total amount of IDRs

20 Total number of shares of each class forfeited

Number of shares	Class of shares

(a) Total amount paid (if any) on shares forfeited (in INR)

(b) Total amount of shares for which share warrants to bearer an outstanding (in INR)

21 Total amount of shares warrants to bearer issued and surrendered respectively since the date up to which the last return was**made**

(a) Issued (in INR)

(b) Surrendered (in INR)

22 The shareholding pattern of the company

S No	Category of shareholders	Shares held at the beginning of the year	Shares held at the end of the year	Percentage (%) change in the shareholding
(a)	*Government (Central and State)			
(b)	*Government Companies			
(c)	*Public financial institutions			
(d)	*Nationalized or other bank(s)			
(e)	*Mutual Funds			
(f)	*Venture Capital			
(g)	*Foreign holdings (Foreign Institutional Investors, Foreign companies, Non-resident Indians, Foreign financial institutions or Overseas corporate bodies)			
(h)	*Bodies Corporate (not mentioned above)			
(i)	*Directors or relatives of directors			
(j)	*Other top fifty shareholders (other than mentioned above)			
(k)	*Others			
(l)	Total			
(m)	Total number of shareholders			

23 (a) Total amount of debentures and other securities outstanding (in INR)

(b)(i) Number of debentures

(b)(ii) Nominal value per debenture (in INR)

(b)(iii) Total amount of debentures (in INR)

(c) **Amount of other securities**

Class of securities	Number of securities	*Nominal value	Total amount

24(a) Total amount of sums (if any) paid by way of commission in respect of any shares or debentures and other securities (in INR)

(b) Total amount of sums (if any) allowed by way of discount in respect of any debentures since the date up to which the last return was made (in INR)

25 Section 379

(a) *Whether the company is falling under section 379 (2) of the Companies Act, 2013 Yes No

(a)(i) If yes, specify the number of such persons covered under section 379

26 Particulars of such person(s)

(a) *Category
(Citizen of India /Companies incorporated in India/ Body Corporates incorporated in India)

27 Details of the person

(a) Do you have Director Identification Number (DIN)? Yes No

(a)(i) If Yes, please enter the DIN details

(b) Do you want to fetch the details from digilocker?

(c) First Name

(d) Middle Name

(e) Last Name

(f) Any former name or names and surname or surnames in full

(g) Please provide one Name Father's Name Mother's Name Spouse's

(h) First Name	<input type="text"/>
(i) Middle Name	<input type="text"/>
(j) Last Name	<input type="text"/>
(k) Date of Birth (DD/MM/YYYY)	<input type="text"/>
(l) Nationality	<input type="text"/> ▼
(m) If the present nationality is not the nationality of origin, then specify the nationality of origin	<input type="text"/> ▼
(n) Occupation Type (Business/Professional/Service man/Housewife/Student/Others)	<input type="text"/> ▼
(n)(i) Area of Occupation	<input type="text"/> ▼
(n)(ii) If 'Others' selected, please specify	<input type="text"/>
(o) Educational Qualification (X/SSLC/Junior/Equivalent/XII/SSC/High/Equivalent/Graduation/Bachelor/Equivalent/Postgraduate/Master/Equivalent/Professional/ Executive Program/Doctorate/Diploma/Others)	<input type="text"/> ▼
(p) Income tax Permanent Account number (Income-tax PAN)	<input type="text"/>

28 Permanent address

Address Line 1

Address Line 2

Country

 ▼

Pin code / Zip Code

Area/ Locality

 ▼

City

District

State/UT

Telephone Number (with STD/ISD code)

Fax number (with STD/ISD code)

Email ID of the company

29 Whether present residential address same as permanent residential address

 Yes No**(a) Present address**

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Country	<input type="text"/> ▼
Pin code / Zip Code	<input type="text"/>
Area/ Locality(g)	<input type="text"/> ▼
City	<input type="text"/>
District	<input type="text"/>
State/UT	<input type="text"/>
Telephone number (with STD/ISD code)	<input type="text"/>
Fax Number (with STD/ISD code)	<input type="text"/>
(b) Identity Proof (Voters Identity Card/ Passport/Driving License/Aadhaar)	<input type="text"/> ▼
(c) Identity Proof No.	<input type="text"/>
(d) Residential Proof (Voters Identity Card/ Passport/Driving License/Aadhaar)	<input type="text"/> ▼
(e) Residential Proof No.	<input type="text"/>
(f) Submit the proof of identity and proof of address	
(f)(i) Proof of identity	<input type="text"/> Max 2 MB <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(f)(ii) Residential proof	<input type="text"/> Max 2 MB <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
30 Details of Companies / Body Corporate	
(a) CIN/LLPIN/Other Registration Number	<input type="text"/>
(b) Name of the company/body corporate	<input type="text"/>
(c) Address of body corporate	
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Country	<input type="text"/> ▼
Pin code / Zip Code	<input type="text"/>
Area/ Locality	<input type="text"/> ▼
City	<input type="text"/>
District	<input type="text"/>

State/UT

Telephone Number (with STD/ISD code)

Fax number (with STD/ISD code)

Email ID of the company

31 Indebtedness of the Company for which charge has been created on the properties in India requiring registration of charges**under section 384 and chapter VI of the Act**

Particulars	Amount	Name of the property(s) charged
Indebtedness at the beginning of the year		
i) *Principal Amount		
ii) *Interest due but not paid		
iii) *Interest accrued but not due		
Total (i+ ii+ iii)		
Total amount of charge created during the year		
Total amount of charge satisfied during the year		
Indebtedness at the end of the year		
i) *Principal Amount		
ii) *Interest due but not paid		
iii) *Interest accrued but not due		
Total (i+ ii+ iii)		

Attachments

(a) *Details of Promoters, Directors and Key managerial personnel and changes therein since close of previous financial year;

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(b) *Details of directors and key managerial personnel and their remuneration;

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(c) *Details of the meeting of the members or class thereof, board

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and its various committees along with attendance details;

(d) *Particulars of members and debenture holders along with changes therein since the close of previous financial year;

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(e) Details of Penalties / punishment/ Compounding of offences, If any;

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(f) Optional attachment(s)- if any

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Declaration

I* , the authorised representative of the company, hereby certify that I am authorised by the Board of Directors of the Company vide resolution no* dated (DD/MM/YYYY)* 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 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.

2. All the required attachments have been completely, correctly and legibly attached to this form.

* To be digitally signed by

DSC BOX

*Authorised representative of the Foreign company

*Income Tax PAN of the Authorised representative

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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.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)

[F. No. Policy-01/11/2022-CL-V-MCA]
MANOJ PANDEY, Jt. Secy.

Note: - The principal rules, were published in the Gazette of India Extraordinary, Part II, Section 3, Sub-section (i) *vide* number G.S.R. 266(E), dated the 31st March, 2014 and last amended, *vide* number 538 (E), dated the 05th August, 2021.