

[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, 29<sup>th</sup> March, 2019

G.S.R.....(E). In exercise of the powers conferred by sub-sections (1) and (2) of section 469 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (Incorporation) Rules, 2014, namely: -

1. (1) These rules may be called the Companies (Incorporation) Third Amendment Rules, 2019.

(2) They shall come into force on the date of publication in the official gazette.

2. In the Companies (Incorporation) Rules, 2014 (hereinafter referred to as the said rules),

i) after rule 38, the following rule shall be inserted, namely:-

**“38A. Application for registration of the Goods and Service Tax Identification Number (GSTIN), Employees’ State Insurance Corporation (ESIC) registration and Employees’ Provident Fund Organisation (EPFO) registration**

The application for incorporation of a company under rule 38 shall be accompanied by e-form AGILE (INC-35) containing an application for registration of the following numbers, namely:-

(a) GSTIN with effect from 31<sup>st</sup> March, 2019

(b) EPFO with effect from 8<sup>th</sup> April, 2019

(c) ESIC with effect from 15<sup>th</sup> April, 2019

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ii). in the said rules, after Form INC-34, the following form shall be inserted, namely:-

**FORM NO. INC-35****AGILE**

*[Pursuant to rule 38A of the  
Companies (Incorporation) Rules,  
2014]*

**A**pplication for **G**oods and services tax  
Identification number , employees state  
**I**nsurance corporation registration **pL**us  
**E**mployees provident fund organisation  
registration )

(This AGILE form is part of SPICe eform for GST/ EPFO / ESIC)

1. \* Do you want to apply for additional services like GSTIN / EPFO / ESIC? ☐ Yes ☐ No

2. \* Select the service you want to apply for: ☐ GSTIN ☐ EPFO ☐ ESIC

3. \* State (Same as entered in SPICe)

4. \* District (Same as entered in SPICe)

5. \* State Jurisdiction

\* Sector / Circle / Ward /Charge / Unit

6. \* Center Jurisdiction

Commissionerate

Division

Range

7. \* Reason to Obtain Registration

8. \*Whether The Establishment On Lease ☐ Yes ☐ No

\* Leased From Date

Date

8. (a). \* Nature of possession of premises

(b) \* Proof of Principal Place of Business

(c) \* Whether the building/premises of Establishment is owned or hired.

\* If hired or there is a change in the name of Unit/ownership, please indicate

\* Leased From Date

To Date

9. \* Option for Composition ☐ Yes ☐ No

a) Composition Declaration

☒ I hereby declare that aforesaid business shall abide by the conditions and restrictions specified in the Act or Rules for opting to pay tax under the composition levy.

b) Category of Registered Person

☒ Manufacturer of non-notified goods

☒ Supplier of food and non-alcoholic drinks

☒ Any other eligible supplier

10. \* Nature of Business Activity being carried out at above mentioned Premises (Please tick applicable)

Factory / Manufacturing	<input type="checkbox"/>	Wholesale Business	<input type="checkbox"/>	Retail Business	<input type="checkbox"/>
Warehouse/Depot	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplier of services	<input type="checkbox"/>
Office/Sale Office	<input type="checkbox"/>	Leasing Business	<input type="checkbox"/>	Recipient of goods or services	<input type="checkbox"/>
EOU/ STP/ EHTP	<input type="checkbox"/>	Works Contract	<input type="checkbox"/>	Export	<input type="checkbox"/>

<input type="checkbox"/> Import	<input type="checkbox"/> Others (specify), If others, please specify _____	
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10 (A). \* Primary Business Activity

\*If Others selected, please specify

10 (B) \* Exact nature of work / business

\* Work Sub-category

\* Nature of work business

11. \*Details of the Goods supplied by the Business

HSN Code (Four digit)

Description of Goods

12. \*Details of Services supplied by the Business.

Service Accounting Code

Description of Services

**13. Directors / Primary Owners / Office Bearer Details**

*(Minimum number of directors to be entered for OPC shall be 1, 2 in case of private company, 3 in case of public limited company and 5 in case of Producer Company)*

Number of Director details to be entered

(A) \*Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

\* ☐ Directors Identification Number (DIN) ☐ Permanent Account Number (PAN)



*DIN	<input type="text"/>	<input type="text"/>	<input type="button" value="Attach Photograph"/>	<input type="button" value="Remove Photograph"/>
*PAN	<input type="text"/>			
*First Name	<input type="text"/>			
Middle Name	<input type="text"/>			
*Last Name	<input type="text"/>			
*Personal Mobile Number	<input type="text" value="+91"/>	<input type="text"/>	<input type="button" value="Send OTP"/>	
*Personal Email Id	<input type="text"/>			
*Enter OTP for Mobile Number	<input type="text"/>		<input type="button" value="Verify OTP"/>	
*Enter OTP for Email Id	<input type="text"/>			

(B) \*Director Details other than Authorised Signatory / Primary Owner / Office Bearer

* <input checked="" type="radio"/> Directors Identification Number <input type="radio"/> Permanent Account Number / Passport Number (in case of foreign national)				
*DIN	<input type="text"/>	<input type="button" value="Send"/>	<input type="text" value="Photograph"/>	
*PAN / Passport Number	<input type="text"/>	<input type="text"/>		
*First Name	<input type="text"/>			
Middle Name	<input type="text"/>			
*Last Name	<input type="text"/>			
*Personal Mobile Number	<input type="text"/>	<input type="button" value="Attach Photograph"/>	<input type="button" value="Remove Photograph"/>	
*Personal Email ID	<input type="text"/>			

14. \* Police Station

15. \* **Employer's Particulars**

\* Select Appropriate Branch Office

\* Select Inspection Office

### Attachments

1. \*Proof of Principal place of business
2. \*Proof of appointment of Authorized Signatory

Attach

Attach

*(Either of the following document can be attached.*

*Letter of Authorisation*

*Copy of Resolution passed by BoD / Managing Committee and Acceptance letter)*

3. \* Specimen Signature

Attach

Remove attachment

### **GST Declaration** (By Authorized Signatory)

☒ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

### **ESIC Declaration** (By Office Bearer)

☒ I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporation as soon as such change takes place.

### **Declaration**

☒ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

Place

Date

Designation

**\*To be digitally signed by director (who has signed the SPICe form)**

\* DIN/PAN

DSC BOX

*(Authorized signatory / Primary Owner / Office Bearer signing the AGILE form shall provide his Permanent Account Number)*

Modify

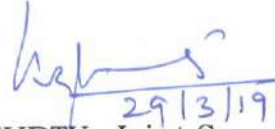
Check Form

Prescrutiny

Submit



[F. No. 1/13/2013 CL-V, part-I, Vol.II]

  
29/3/19  
K.V.R. MURTY, Joint Secretary.

Note: The principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), *vide* number G.S.R. 250(E), dated the 31<sup>st</sup> March, 2014 and subsequently amended *vide* the following notifications:-

Serial Number	Notification Number	Notification Date
1.	G.S.R. 349 (E)	01-05-2015
2.	G.S.R. 442 (E)	29-05-2015
3.	G.S.R. 99 (E)	22-01-2016
4.	G.S.R.336(E)	23-03-2016
5.	G.S.R.743(E)	27-07-2016
6.	G.S.R.936(E)	01-10-2016
7.	G.S.R.1184 (E)	29-12-2016
8.	G.S.R. 70 (E)	25-01-2017
9.	G.S.R.955 (E)	27-07-2017
10.	G.S.R. 49 (E)	20-01-2018
11.	G.S.R.284 (E)	23-03-2018
12.	G.S.R.708 (E)	27-07-2018
13.	G.S.R.1219 (E)	18-12-2018
14.	G.S.R.144 (E)	21-02-2019
15.	G.S.R.180 (E)	06-03-2019

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