

**PART - A**

1. (a) Type of Company

Section 8 company

LLPIN

(b) Class of Company

Private

(c) Category of Company

Company Limited by Shares

(d) Sub-category of Company

Non-Government Company

2. Main division of industrial activity of company

85

Description of the main division

Health and Social Work

Summary of the objects to be pursued by the company on its incorporation

Refer to the attached file.  
Significance:- Afreen is the personal name of the promoter

You may include a document that supports your name reservation below.

3. Particulars of the proposed or approved name

(i)

AFREEN FOUNDATION

**PART - B**

**II. Structure of the Company**

4. Whether Articles of Association is entrenched  Yes  No

Number of Articles to which provisions of entrenchment shall be applicable

0

**Details of such articles**

Sr No	Article Number	Short description on entrenchment of the clause

5. \*Company is  Having share capital  Not having share capital

6. (i) \*Capital structure of the company

Total authorized share capital (in Rupees)

100,000.00

Authorized share capital	Equity	Preference	Unclassified
Number of shares	10,000	0	
Nominal amount per share (in Rupees)	10		
Total amount (in Rupees)	100,000	0	0

Total subscribed share capital (in Rupees)

Subscribed share capital	Equity	Preference
Number of shares	2,000	0
Nominal amount per share (in Rupees)	10	
Total amount (in Rupees)	20,000	0

6. (ii) Details of number of members

(a) Enter the maximum number of members	0
(b) Maximum number of members excluding proposed employees	0
(c) Number of members	0
(d) Number of members excluding proposed employee(s)	0

**III. Address of the Company**

7. (a) \*Correspondence address

* Line I	Room No-25, Second Floor, Plot No.46/48		
* Line II	Jamnadas Building, Ardeshir Dady Street		
* City	Mumbai		
* State/Union Territory	Maharashtra-MH	* Pin code	400004
* District	Mumbai City		
* Phone (with STD code)	091	-	9967080034
Fax	<input type="text"/>		
* email ID of the company	cs@setindiabiz.com		

(b) \*Whether the address for correspondence is the address of registered office of the company  Yes  No

(c) \*Name of the office of the Registrar of Companies in which the proposed company is to be registered

**IV. Subscriber and Directors Details**

8. (a) \*Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
Total number of first subscribers (non-individual + individual)	0	3
Number of non-individual first subscriber(s)		0
Number of individual first subscriber(s) cum director(s)	0	3
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)	0	3

**(b) \*Particulars of non-individual first subscriber(s)**

I. \*Category

\*Corporate identity number (CIN) or foreign company registration number (FCRN) or any other registration number

**Pre-Fill**

\*Name of the body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

Mobile  Fax

\*email id

**Particulars of the authorised person**

\*First Name

Middle Name

\*Surname

\*Father's first name

Father's middle name

\*Father's surname

\*Gender  \*Date of Birth  \*Nationality

\*  PAN  Passport number

**Verify Details**

Aadhaar number

\*Place of birth (District and State)

\*Occupation type

\*Area of occupation

\*Educational Qualification

**Present address**

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  \*Country

\*Phone (with STD/ISD code)

Mobile

Fax

\*email id

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.

or

I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

**(c) \*Particulars of individual first subscriber(s) (other than subscriber cum director)**

I.

\*Director Identification number (DIN)

**Pre-fill**

\*Name

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

- I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.  
or
- I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

I.  \*First Name

Middle Name

\*Surname

\*Father's first name

Father's middle name

\*Father's surname

\*Gender  \*Date of Birth  \*Nationality

\*Place of Birth

\*Occupation type  Self Employed  Professional  Homemaker  Student  Serviceman

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

\*  PAN  Passport number  **Verify Details**

Aadhaar number

\*email ID

Permanent Address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

**Submit the proof of identity and proof of address under attachments.**

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

- I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.  
or
- I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

**(d) \*Particulars of individual first subscriber(s) cum directors**

I. \*Director Identification number (DIN)  **Pre-fill**

\*Name

\*Gender  \*Date of Birth  \*Nationality

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)

\*Registration number

\*Name

\*Address

Nature of interest

*Designation	<input type="text"/>
Percentage of Shareholding	<input type="text"/> Amount <input type="text"/>
Others (specify)	<input type="text"/>

- I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.
- or
- I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

I. \*First Name

Middle Name

\*Surname

\*Father's first name

Father's middle name

\*Father's surname

\*Gender  \*Date of Birth  \*Nationality

\*Place of Birth

\*Whether citizen of India  Yes  No \*Whether resident in India  Yes  No

\*Occupation type  Self Employed  Professional  Homemaker  Student  Serviceman

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

\*  PAN  Passport number  **Verify Details**

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Permanent Address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	1,400	14,000
Preference shares	0	0

Number of entities in which director have interest

\*Registration number

\*Name

\*Address

Nature of interest

\*Designation

Percentage of Shareholding  Amount

Others (specify)

- I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.
- or
- I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

I.

Middle Name

\*Surname

\*Father's first name

Father's middle name

\*Father's surname

\*Gender  \*Date of Birth  \*Nationality

\*Place of Birth

\*Whether citizen of India  Yes  No \*Whether resident in India  Yes  No

\*Occupation type  Self Employed  Professional  Homemaker  Student  Serviceman

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

\*  PAN  Passport number

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Permanent Address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	400	4,000
Preference shares	0	0

Number of entities in which director have interest

*Registration number <input type="text"/>	
*Name <input type="text"/>	
*Address <input type="text"/>	
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text" value="0"/> Amount <input type="text" value="0"/>
	Others (specify) <input type="text"/>

I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.

or

I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

I. \*First Name

Middle Name

\*Surname

\*Father's first name

Father's middle name

\*Father's surname

\*Gender  \*Date of Birth  \*Nationality

\*Place of Birth

\*Whether citizen of India  Yes  No \*Whether resident in India  Yes  No

\*Occupation type  Self Employed  Professional  Homemaker  Student  Serviceman

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

\*  PAN  Passport number

\*Designation  \*Category

Whether  Chairman  Executive director  Non-executive director

\*Name of the company or institution whose nominee the appointee is

\*email ID

Permanent Address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	200	2,000
Preference shares	0	0

Number of entities in which director have interest

*Registration number <input type="text"/>	
*Name <input type="text"/>	
*Address <input type="text"/>	
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text" value="0"/> Amount <input type="text" value="0"/>
	Others (specify) <input type="text"/>

I am required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares and the same has been obtained, and is enclosed herewith.

or

I am not required to obtain the Government approval under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 prior to subscription of shares.

(e) \*Particulars of directors (other than first subscribers)

I.	*Director Identification number (DIN)	<input type="text"/>	<input type="button" value="Pre-fill"/>							
	*Name	<input type="text"/>								
	*Gender	<input type="text"/>	*Date of Birth	<input type="text"/>	*Nationality	<input type="text"/>				
	*Designation	<input type="text"/>		*Category	<input type="text"/>					
	Whether	<input type="checkbox"/>	Chairman	<input type="checkbox"/>	Executive director	<input type="checkbox"/>	Non-executive director			
	*Name of the company or institution whose nominee the appointee is	<input type="text"/>								
	*email ID	<input type="text"/>								
	Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)	<input type="text"/>								
	*Registration number	<input type="text"/>								
	*Name	<input type="text"/>								
*Address	<input type="text"/>									
Nature of interest	*Designation	<input type="text"/>								
	Percentage of Shareholding	<input type="text"/>	Amount	<input type="text"/>						
	Others (specify)	<input type="text"/>								
I.	*First Name	<input type="text"/>								
	Middle Name	<input type="text"/>								
	*Surname	<input type="text"/>								
	*Father's first name	<input type="text"/>								
	Father's middle name	<input type="text"/>								
	*Father's surname	<input type="text"/>								
	*Gender	<input type="text"/>	*Date of Birth	<input type="text"/>	*Nationality	<input type="text"/>				
	*Place of Birth	<input type="text"/>								
	*Whether citizen of India	<input type="radio"/>	Yes	<input type="radio"/>	No	*Whether resident in India	<input type="radio"/>	Yes	<input type="radio"/>	No
	*Occupation type	<input type="radio"/>	Self Employed	<input type="radio"/>	Professional	<input type="radio"/>	Homemaker	<input type="radio"/>	Student	<input type="radio"/>
*Area of Occupation	<input type="text"/>									
If 'Others' selected, please specify	<input type="text"/>									
*Educational Qualification	<input type="text"/>									
* <input type="radio"/> PAN <input type="radio"/> Passport number	<input type="text"/>		<input type="button" value="Verify Details"/>							
*Designation	<input type="text"/>		*Category	<input type="text"/>						
Whether	<input type="checkbox"/>	Chairman	<input type="checkbox"/>	Executive director	<input type="checkbox"/>	Non-executive director				
*Name of the company or institution whose nominee the appointee is	<input type="text"/>									
*email ID	<input type="text"/>									
Permanent Address										
*Line I	<input type="text"/>									
Line II	<input type="text"/>									
*City	<input type="text"/>									

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Whether present residential address same as permanent residential address  Yes  No

Present address

\*Line I

Line II

\*City

\*State/ Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ISD code)  -

\*Duration of stay at present address  Years  Months

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

**Submit the proof of identity and proof of address under attachments.**

Number of entities in which director have interest

*Registration number	<input type="text"/>
*Name	<input type="text"/>
*Address	<input type="text"/>
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

## V. OPC Nomination

### 9. (a) \*Nomination

I \*

the subscriber to the memorandum of association 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 3 of the Companies (Incorporation) Rules, 2014.

**(b) \*Particulars of the Nominee**

Director Identification number (DIN)

\*First Name

Middle Name

\*Surname

\*Father's First name

Father's Middle name

\*Father's Surname

\*Gender  \*Date of Birth  \*Nationality

\*Income tax PAN

Aadhaar number

\*Place of Birth (District and State)

\*Occupation type

\*Area of Occupation

\*Educational qualification

**Permanent 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

\*Whether present address is same as the permanent address  Yes  No

**Present Address**

\*Line I

Line II

\*City

\*State/Union Territory  \*Pin code

\* ISO Country code  Country

\*Phone (with STD/ ISD code)  -

Mobile

Fax

\*Duration of stay at the present address  Year(s)  Month(s)

If Duration of stay at present address is less than one year then address of previous residence

\*Proof of identity  \*Residential Proof

**VI. Stamp Duty**

**10. Particulars of payment of stamp duty**

<p>(a) State or Union territory in respect of which stamp duty is paid or to be paid</p>	<input style="width: 90%;" type="text" value="Maharashtra-MH"/>	<input type="button" value="Pre-Fill"/>	
<p>(b) * Whether stamp duty is to be paid electronically through MCA21 system <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p>			
<p>(i) Details of stamp duty to be paid</p>			
Type of document/Particulars	Form	Memorandum of association	Articles of association
Amount of stamp duty to be paid	100.00	0.00	0.00

(ii) Provide details of stamp duty already paid

Type of document/Particulars	Form	Memorandum of association	Articles of association	Others
				NIL
<b>Total amount of stamp duty paid(in Rs.)</b>	0.00	0.00	0.00	0.00
<b>Mode of payment of stamp duty</b>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<b>Name of vendor or Treasury or Authority or any other competent agency authorised to collect stamp duty or to sell stamp papers or to emboss the documents or to dispense stamp vouchers on behalf of the Government</b>				
<b>Serial number of embossing or stamps or stamp paper or treasury challan number</b>				
<b>Registration number of vendor</b>				
<b>Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MM/YYYY)</b>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
<b>Place of purchase of stamps or stamp paper or payment of stamp duty</b>				

**VII. PAN/ TAN Information**

**11. \*Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)**

**Information specific to PAN**

Area code			AO type		Range code			AO No.		
M	U	M	W		5	5	1	1		

**Information specific to TAN**

Area code			AO type		Range code			AO No.		
M	U	M	W	T	8	1		1		

**Source of Income**

- Income from Business/profession     Capital Gains     Income from house property  
 Income from other source     No Income

Business/Profession code 

2	0
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**Attachments**

## List of attachments

1. *Memorandum of association	MoA_AADPB7479H_20221214121811.pdf	Browse
2. * Articles of Association	AoA_AADPB7479H_20221214121817.pdf	Browse
3. *Declaration by first subscriber(s) and director(s) (Affidavit is not required to be attached)		Browse
4. Proof of Office address (Conveyance/ Lease deed/ Rent Agreement etc. along with rent receipts)		Browse
5. Copy of the utility bills (not older than two months)	RO_Proof_AADPB7479H_20221214121826.p	Browse
6. Copy of certificate of incorporation of the foreign body corporate and resolution passed by foreign company or authority given through constitutional document		Browse
7. Resolution passed by promoter company		Browse
8. Interest of first director(s) in other entities		Browse
9. Consent of Nominee (INC-3)		Browse
10. Proof of identity & residential address of subscribers	Subscriber_Docs_AADPB7479H_2022121412	Browse
11. Proof of identity & residential address of nominee		Browse
12. Proof of identity and address of Applicant I	Applicant-1_AADPB7479H_20221214121837	Browse
13. Proof of identity and address of Applicant II	Applicant-2_AADPB7479H_20221214121841	Browse
14. Proof of identity and address of Applicant III	Applicant-3_AADPB7479H_20221214121845	Browse
15. Resolution of unregistered companies in case of Chapter XXI (Part I) companies		Browse
16. Declaration in Form No. INC-14	Form-INC_14_AADPB7479H_2022121412184	Browse
17. Declaration in Form No. INC-15	INC-15_AADPB7479H_20221214121858.pdf	Browse
18. Optional attachment(s), (if any)	Dir-2_NOC-1_AADPB7479H_2022121412190	Browse
19. Attachment - Part - A		Browse

**Declaration**

- \*I have gone through the provisions of the Companies Act, 2013, the rules thereunder and prescribed guidelines framed thereunder in respect of reservation of name, understood the meaning thereof and the proposed name is in conformity thereof.
- \*I have used the search facilities available on the portal of the Ministry of Corporate Affairs (MCA) for checking the resemblance of the proposed name with the companies and Limited Liability partnerships (LLPs) respectively already registered or the names already approved. I have also used the search facility for checking the resemblances of the proposed name with registered trademarks and trade mark subject of an application under the Trade Marks Act, 1999 and other relevant search for checking the resemblance of the proposed name to satisfy myself with the compliance of the provisions of the Act for resemblance of name and Rules thereof.
- \*The proposed name is not in violation of the provisions of Emblems and Names (Prevention of Improper Use) Act, 1950 as amended from time to time.
- \*The proposed name is not offensive to any section of people, e.g. proposed name does not contain profanity or words or phrases that are generally considered a slur against an ethnic group, religion, gender or heredity.
- \*The proposed name is not such that its use by the company will constitute an offence under any law for the time being in force.
- \*I undertake to be fully responsible for the consequences in case the name is subsequently found to be in contravention of the provisions of section 4(2) and section 4(4) of the Companies Act, 2013 and rules thereto and I have also gone through and understood the provisions of section 4(5) (ii) (a) and (b) of the Companies Act, 2013 and rules thereunder and fully declare myself responsible for the consequences thereof.
- \*I  a person named in the articles as a director of the company has been duly authorized by the promoters of the company to sign this form and declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect of Director Identification Number (DIN), registration of the company and matters precedent or incidental thereto have been complied with.

- I am authorized by the promoter subscribing to the Memorandum of Association and Articles of Association and the first director(s) to give this declaration and to sign and submit this Form.
- I further declare that, company shall not commence its business, unless all the required approval from the sectoral Regulators such as RBI, SEBI etc. have been obtained;
- I further declare that the company shall not commence the business of Nidhi, unless all the required approval including the declaration be issued under section 406 of the Act have been obtained from Central Government.
- I on behalf of the promoters and the first directors, hereby declare that the registered office is capable of receiving and acknowledging all communications and notices addressed to the proposed company on incorporation, shall be maintained at the given address at item 4 of this form;
- \*I, on behalf of all the first director(s) named in the Articles of Association of the proposed company, solemnly declare, that the declaration given herein as stated above are true to the best of my knowledge and belief, the information given in this integrated application form for incorporation and attachments thereto are correct and complete, and nothing relevant to this form has been suppressed. All the required attachments have been completely, correctly and legibly attached to this form and are as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.
- I, on behalf of the proposed Directors whose particulars for allotment of DIN are filled as above, hereby confirm and declare that they are not restrained, disqualified, removed for being appointed as Director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and I further declare that I have read and understood the provisions of Sections 154, 155, 447 and 448 read with Sections 449, 450 and 451 of the Companies Act, 2013.
- I, on behalf of the proposed directors, hereby declare that person seeking appointment is a national of a country which shares a land border with India, necessary security clearance from Ministry of Home Affairs, Government of India shall be attached with the consent.

(if yes is opted, a copy of the security clearance is to be attached)

DIN/PAN/Passport Number

\*  ,

having Membership Number  and/or Certificate of practice number

has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

Note: Attention is drawn to the provisions of sections 7(5) and 7(6) which, inter-alia, provides that furnishing of any false or incorrect particulars of any information or suppression of any material information shall attract punishment for fraud under section 447. Attention is also drawn to provisions of section 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.

\*To be digitally signed by director

Digitally signed by  
Samreen  
Arif Pathan  
Date: 2022.12.14  
12:38:16 +05'30'

\*DIN / PAN

### Declaration and certification by professional

I  ,

member of

having office at \*

Who is engaged in the formation of the company declare that I have been duly engaged for the purpose of certification of this form. It is hereby also certified that I have gone through the provisions of the Companies Act, 2013 and rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

- (i) the draft memorandum and articles of association have been drawn up in conformity with the provisions of sections 4 and 5 and rules made thereunder; and
- (ii) all the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the company under section 7 of the Act and matters precedent or incidental thereto have been complied with. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;

- (iii) I have opened all the attachments to this form and have verified these to be as per requirements, complete and legible;
- (iv) I further declare that I have personally visited the premises of the proposed registered office given in the form at the address mentioned herein above and verified that the said proposed registered office of the company will be functioning for the business purposes of the company (wherever applicable in respect of the proposed registered office has been given).
- (v) It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

- \*  Chartered Accountant (in whole-time practice) or  Cost Accountant (in whole-time practice) or  Company Secretary (in whole-time practice)  Advocate

Digitally signed  
by Sanjeev  
Kumar  
Date: 2022.12.14  
12:40:08 +05'30'

\* Whether Associate or Fellow

\* Membership number

Certificate of practice number

\* Income-tax PAN

**For office use only:**

eForm Service request number (SRN)  eForm filing date  (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)

For AFREEN FOUNDATION  
*Samreen*  
Director

For AFREEN FOUNDATION  
*Rgumb*  
Director

For AFREEN FOUNDATION  
*afreen*  
Director