## **FORM NO.INC-2**

Pursuant to section 3(1) and 7(1) of the Companies Act, 2013 and Rule 4, 10, 12 and 15 of the Companies (Incorporation) Rules, 2014



## One Person Company- Application for Incorporation

Form Language English Hindi Refer the instruction kit for filing the form. 1. \*Service Request Number (SRN) of Form NO. INC-1 Pre-Fill C37934031 2. (a) Name of the company Jonakayem Pharma - Formulation OPC Private Limited (b) Type of Company is |New Company (c) Class of Company One Person Company (d) Category Company limited by shares (e) Sub category Indian Non Government Company \*(f) Whether the company is Having share capital Not having share capital 3. (a) Name of the state/Union territory in which the company is to be registered Maharashtra (b) Name of the office of the Registrar of Companies in which the company is to be registered Registrar of Companies, Mumbai 4. \*Whether the address for correspondence will be the address of Registered office of the Company Yes ( ) No II (a) Address of the registered office of the company from the date of incorporation is \*Line I FLT 2, BORIVLI GREEN FIELD CHS LTD, Line II L M ROAD, BORIVALI (WEST), \*City MUMBAI \*State/Union Territory \*Pin code 400103 Maharashtra-MH \*District Mumbai City ISO Country Code IN Country INDIA \*Phone (with STD/ISD code) 022 28324143 Fax \*email ID of the company navneet@kayempharma.com (b). \*Registered Office is Owned by Company Owned by Director (Not taken on lease by company) Taken on Lease by company Owned by any other entity/ Person (Not taken on lease by company) (c). The full address of police station under whose jurisdiction the registered office of the company is situated \*Police Station Name MHB Colony Police Station \*Address DON Bosco Junction, Besides Post Office, Link Road Line II Borivali (West), \*City Mumbai \*State Maharashtra \*Pin code 400091

()	capital of the cor	mpanv (in Rs.)	100,000.00		
	f equity shares 1		Nominal amount pe	er equity share 10	)
Total amoun	t of equity shares	(in Rs.) 100,00	00.00		
(ii) Number o	f preference sha	res 0			
(b) Subscribed	d capital of the co	mpany (in Rs.)	100,000.00		
(i) Number o	f equity shares 1	0,000	Nominal amount pe	er equity share 10	)
Total amoun	t of equity shares	(in Rs.) 100.00	0.00		
	of preference sha				
(ii) radiliber e	n preference sna	0			
*Main division of	•	of the company	74		
Description of th					
Other Business	Activities				
. Particulars of P	romoter (first sub	scriber to the Mo	pA)		
*Whether the pre	omoter shall be th	ne sole director o	of the company	es	○ No
Director Identifi	cation number (D	OIN) 027399	989		Pre-Fill
*Income-tax per	manent account r	number (PAN)	AAPPV6642J		Verify Details
7,7011 400 125					
Middle Name	NAVNEET SAHAY				
Middle Name	SAHAY	SAHAY VERMA			
Middle Name *Surname Family Name	SAHAY VERMA ACHYUTANAD	SAHAY VERMA	◯ Spouse's Name		
Middle Name *Surname Family Name  * Father's Na	SAHAY VERMA ACHYUTANAD	other's Name	◯ Spouse's Name		
Middle Name *Surname Family Name  *  Father's Na ACHYUTANAD	SAHAY  VERMA  ACHYUTANAD  me	other's Name	◯ Spouse's Name		
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender	SAHAY  VERMA  ACHYUTANAD  me	other's Name		20/09/1960	
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender	SAHAY  VERMA  ACHYUTANAD  me	other's Name	nsgender *Date of Birth	20/09/1960	
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender   *Nationality	SAHAY  VERMA  ACHYUTANAD  me	other's Name	nsgender *Date of Birth	20/09/1960	
Middle Name *Surname Family Name *  Father's Na ACHYUTANAD *Gender   *Nationality *Place of Birth (I	SAHAY  VERMA  ACHYUTANAD  me	other's Name  nale Tra  Muzaffarpur, B  Professional	nsgender *Date of Birth		) (DD/MM/YYYY
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender  * Nationality  * Place of Birth (I	SAHAY  VERMA  ACHYUTANAD  Me	other's Name  nale Tra  Muzaffarpur, B  Professional	nsgender *Date of Birth		DD/MM/YYYY
Middle Name *Surname Family Name *  Father's Na ACHYUTANAD *Gender * Nationality * Place of Birth (I *Educational qua	SAHAY  VERMA  ACHYUTANAD  me	other's Name  nale Tra  Muzaffarpur, B  Professional	nsgender *Date of Birth		) (DD/MM/YYYY
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender  *Nationality  *Place of Birth (I  *Educational qual *Occupation Type a of occupation Permanent Addr	SAHAY  VERMA  ACHYUTANAD  me	Muzaffarpur, B Professional	nsgender *Date of Birth ihar  Professional Home		) (DD/MM/YYY)
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender  * Nationality  * Place of Birth (I  *Educational qua  *Occupation Type a of occupation Permanent Addr  *Line I  FLT	SAHAY  VERMA  ACHYUTANAD  me	Muzaffarpur, B Professional	nsgender *Date of Birth ihar  Professional Home		ODD/MM/YYYY
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender  * Nationality  * Place of Birth (I  *Educational qua  *Occupation Type a of occupation Permanent Addr  *Line I  FLT	SAHAY  VERMA  ACHYUTANAD  me	Muzaffarpur, B Professional	nsgender *Date of Birth ihar  Professional Home		ODD/MM/YYYY
Middle Name  *Surname Family Name  *  Father's Na ACHYUTANAD  *Gender  * Nationality  * Place of Birth (III)  *Educational qual *Occupation Type a of occupation Permanent Addr  *Line II BOR	SAHAY  VERMA  ACHYUTANAD  me	Muzaffarpur, B Professional	nsgender *Date of Birth ihar  Professional Home	emaker	ODD/MM/YYYY

	h STD/ISD code)	022		28924143	
Mobile (with	h country code)		-		
Fax					
*email id	navneet@ka	ayempharma.com			
*Whether pro		same as the permanent add	dress	Yes     No	
a		GREEN FIELD CHS LTD			
Line II	BORIVALI WEST				
*City	*City MUMBAI				
*State/ Unio	on Territory	Maharashtra-MH		*Pin code 400103	
*ISO Count	try code	IN			
	INDIA				
*Phone (wit	th STD/ISD code)	022		28924143	
•	ith country code)	022			
•					
Fax					
email id				(a)	
	of stay at present a			year(s) 9 month(s) address of previous residence	
II Duration	Tor stay at present	t address is less than one y	year then	address of previous residence	
*Proof of id	lentity Passport				
	al Proof Electricity				
		•	v details o	of such company(s) (In case director or promoter in	
more than t	three companies,	attach seperate sheet as a	-		
Director		ter CIN			
			000DTC10	06500	
$\boxtimes$	$\boxtimes$	U24233MH20			
Name of the	e company KAYE	U24233MH20			
$\boxtimes$	e company KAYE	U24233MH20	RIVATE L	IMITED	
Name of the	e company KAYE	U24233MH20 EM PHARMACEUTICAL PF ter CIN	RIVATE L 014NPL2	256016	
Name of the Director	e company KAYE r Promot  company YUVA	U24233MH20  M PHARMACEUTICAL PR  ter CIN  U74900MH20  ASHAKTI PARAM SEVA UI	RIVATE L 014NPL2	256016	
Name of the Director	e company KAYE r Promot  company YUVA	U24233MH20  M PHARMACEUTICAL PR  ter CIN  U74900MH20  ASHAKTI PARAM SEVA UI	RIVATE L 014NPL2	256016	
Name of the Director	e company KAYE  r Promot  e company YUVA  r Promot	U24233MH20  M PHARMACEUTICAL PR  ter CIN  U74900MH20  ASHAKTI PARAM SEVA UI	RIVATE L 014NPL2	ES6016 FOUNDATION	
Name of the Director Name of the Director	e company KAYE  r Promot  e company YUVA  r Promot	U24233MH20  M PHARMACEUTICAL PR  ter CIN  U74900MH20  ASHAKTI PARAM SEVA UI	RIVATE L 014NPL2	ES6016 FOUNDATION	
Name of the Director Name of the Director Name of the 8. *(a) Nomi	e company KAYE  r Promot  e company YUVA  r Promot  e company	U24233MH20 EM PHARMACEUTICAL PR ter CIN U74900MH20 ASHAKTI PARAM SEVA UI	RIVATE L 014NPL29 NNATTI F	ES6016 FOUNDATION  Pre-fill all	
Name of the Director Name of the Director Name of the State of the Sta	e company KAYE  Promote company YUVA  Promote company   e company   ination  ET SAHAY VERMA	U24233MH20 EM PHARMACEUTICAL PR ter CIN U74900MH20 ASHAKTI PARAM SEVA UI	RIVATE L 014NPL29 NNATTI F	Pre-fill all orandum of association of Jonakayem Pharma - Form	
Name of the Director Name of the Director Name of the S. *(a) Nomi	e company KAYE  r Promot  e company YUVA  r Promot  e company  ination  ET SAHAY VERMA  nominate Mr.	U24233MH20  EM PHARMACEUTICAL PR  ter CIN  U74900MH20  ASHAKTI PARAM SEVA UI  ter  A , the subscriber to  Kanishk Verma	014NPL29	Pre-fill all  orandum of association of Jonakayem Pharma - Form who shall become the member of the company	
Name of the Director  Name of the Director  Name of the Director  Name of the	e company KAYE  Promote e company YUVA  Promote e company  ination  ET SAHAY VERMA  nominate Mr.  nt of my death or	U24233MH20  EM PHARMACEUTICAL PR  ter CIN  U74900MH20  ASHAKTI PARAM SEVA UI  ter  A , the subscriber to  Kanishk Verma  incapacity to contract. I dec	014NPL29 NNATTI F	Pre-fill all orandum of association of Jonakayem Pharma - Form	
Name of the Director  Name of the Director  Name of the Director  Name of the	e company KAYE  r Promote e company YUVA  r Promote e company  e company  ination  ET SAHAY VERMA  nominate Mr.  nt of my death or of the Companies	LU24233MH20  EM PHARMACEUTICAL PR  Iter CIN  U74900MH20  ASHAKTI PARAM SEVA UI  Iter  Kanishk Verma  incapacity to contract. I dec  (Incorporation) Rules 2014	014NPL29 NNATTI F	Pre-fill all  orandum of association of Jonakayem Pharma - Form who shall become the member of the company	
Name of the Director Name of the Director Name of the Director Name of the Nam	e company KAYE  Promote e company YUVA  Promote e company  e company  ination  ET SAHAY VERMA  nominate Mr.  nt of my death or of the Companies  ulars of the Nomi	U24233MH20  IM PHARMACEUTICAL PR  Iter CIN  U74900MH20  ASHAKTI PARAM SEVA UI  Iter  Kanishk Verma  incapacity to contract. I dec  (Incorporation) Rules 2014	014NPL29 NNATTI F	Pre-fill all  orandum of association of Jonakayem Pharma - Form who shall become the member of the company the nominee is eligible for nomination within the mear	
Name of the Director  Name of the Director  Name of the Director  Name of the Name of Rule 3 co.  (b) Particular Director Idea	e company KAYE  r Promote e company YUVA  r Promote e company  e company  ination  ET SAHAY VERMA  nominate Mr.  nt of my death or of the Companies	LU24233MH20  EM PHARMACEUTICAL PR  Iter CIN  U74900MH20  ASHAKTI PARAM SEVA UI  Iter  Kanishk Verma  Incapacity to contract. I dec  (Incorporation) Rules 2014  Incee  Incer  Inc	014NPL29 NNATTI F	Pre-fill all  orandum of association of Jonakayem Pharma - Form who shall become the member of the company	
Name of the Director  Name of the Director  Name of the Director  Name of the Name of Rule 3 co.  (b) Particular Director Idea	e company KAYE  r Promote Prom	LU24233MH20  EM PHARMACEUTICAL PR  Iter CIN  U74900MH20  ASHAKTI PARAM SEVA UI  Iter  Kanishk Verma  Incapacity to contract. I dec  (Incorporation) Rules 2014  Incee  Incer  Inc	the memo	Pre-fill all  orandum of association of Jonakayem Pharma - Form who shall become the member of the company the nominee is eligible for nomination within the mear	
Name of the Director  Name of the Director  Name of the Director  Name of the Name of Rule 3 co (b) Particular Director Idea *Income-tax	e company KAYE  r Promote Prom	LU24233MH20  EM PHARMACEUTICAL PR  Iter CIN  U74900MH20  ASHAKTI PARAM SEVA UI  Iter  Kanishk Verma  Incapacity to contract. I dec  (Incorporation) Rules 2014  Incee  Incer  Inc	the memo	Pre-fill all  orandum of association of Jonakayem Pharma - Form who shall become the member of the company the nominee is eligible for nomination within the mear	

Family Na	ame		
* Fathe	r's Name		
NAVNEE	T SAHAY VERI	1A	
*Gender	<ul><li>Male</li></ul>	Female Transgender	
*Nationalit	y IN	*Date of Birth 24/0 <sup>-</sup>	(DD/MM/YYYY)
*Place of E	Birth (District &	State) MUMBAI, MAHARASHTRA	
*Educatior	al qualification	Graduation/Bachelor/Equivalent	
*Occupation	on Type C	Self-employed OProfessional OHomemaker	Student  Serviceman
Permane	nt Address		
*Line I	201, EVERSHI	NE RESIDENCY CHS LTD., HOLY CROSS EXTN	
Line II	RD., IC CLY, E	ORIVALI (EAST)	
*City	MUMB	N .	
*State/ Un	ion Territory	Maharashtra-MH *Pin code 4	00103
ISO Cour	try code	IN	
Country	INDIA		
*Phone (w	ith STD/ISD co	e) 022 <b>-</b> 9920400941	
Mobile (w	ith country code	)	
Fax			
*email id	kanishkamre	/24@gmail.com	
		is same as the permanent address    Yes	No
Present A		ERSHINE RESIDENCY CHS LTD., HOLY CROSS EXTN	
Line			
	IND., 10	CLY, BORIVALI (EAST)	
*City			
	e/ Union Territo	Maharashtra-MH *Pin code	100103
	Country code	IN	
Cou	ntry INDIA		
*Phor	ne (with STD/IS	O code) 022 - 9920400941	
Mob	ile (with country	code)	
Fax			
ema	il id		
*Dura	ation of stay at p	resent address 15 year(s) 3	month(s)
If Du	ration of stay a	present address is less than one year then address of previous	ous residence

*Proof of identity Driving Licens	Driving License				
*Residential Proof Bank Stateme	Bank Statement				
9. (a) *Whether the Articles are entrenched or not     (if yes, entrenched Articles should be annexed thereto)  Yes  No  No  Particulars of payment of stamp duty (Refer instruction kit for details before filling the particulars)					
(a) State or Union territory in respect of which stamp duty is paid or to be paid  Pre-fill  Pre-fill					
(b) * Whether stamp duty is to be paid electronically through MCA21 system   Yes   No   Not applicable  (i) Details of stamp duty to be paid					
Type of document/ Particulars	Form INC	:-2	Memorandum of association	Articles of association	
mount of stamp duty to be paid (in Rs.)	100.00		200.00	1,000.00	
Attachments					

Attachments		
1. * Memorandum of Association	Attach	List of attachments
2. * Articles of Association	Attach	MOA_Jonakayem_Final.pdf
3. * Proof of identity of the member and the nominee	Attach	AOA_Jonakayem_Final.pdf Proof of Identity Navneet and Kanishk.r
4. * Residential proof of the member and the nominee	Attach	Residential Proof_Navneet and Kanishk
5. * Copy of PAN card of member and nominee	Attach	PAN Cards_Navneet and Kanishk.pdf Form INC-9_Navneet_Jonakayem.pdf
6. * Consent of Nominee in Form NO. INC-3	Attach	Form INC-3_Nominee Consent_Jonaka List of Companies at same Registered (
7. * Affidavit from the subscriber and first Director to the memorandum in Form NO. INC-9	Attach	Form INC-10_Navneet_Jonakayem.pdf Proof of Address Elec bill Navneet.pdf
8. List of all the companies (specifying their CIN) having the same registered office address, if any;	Attach	Proof of Address_Elec bill_Navneet.pdf
9. Specimen Signature in Form NO. INC-10	Attach	Remove attachment
11. Proof of Registered Office address (Conveyance/ Lease deed/Rent Agreement etc.	Attach	

Attach

Attach

	(Conveyance/ Lease deed/Rent Agreement etc. along with rent receipts)	
12.	Copies of the utility bills as mentioned above (not older than two months)	
13.	Proof that the Company is permitted to use the address as the registered office of the Company if the same is owned by any other entity/Person (not taken on lease by company)	

14. 15.

(not taken on lease by company)	
Consent from Director	Attach
Optional Attachment, if any	Attach

## **Declaration**

п	*		
ı	,	Navneet Verr	ทล

a person named in the articles as subscriber as well as the sole director of the company do hereby declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect to the registration of the company and matters precedent or incidental thereto have been complied with. It is further declared and verified that:

- Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information
  material to the subject matter of this form has been suppressed or concealed and is as per the original records
  maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.
- 2. All the required attachments have been completely, correctly and legibly attached to this form.
- 3. I have not been convicted of any offence in connection with the promotion, formation or management of any company during the preceding five years;
- 4. I have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law during the preceding five years;
- 5. I am not a director/promoter of any company which is defaulting in filing of financial statements and annual return and/or any company which has been declared as vanishing company; and
- 6. I have also understood the provisions of sections 7(5), 7(6), 447, 448 and 449 of the Companies Act, 2013 and understand that I shall be liable for punishment in terms of section 7(5) and 7(6) of the Companies Act, 2013 in case of furnishing of false or incorrect information or for suppression of material information for registration of captioned company.

*To be digitally signed by	VERMA Digitally sign of by VERMA MANAGET  ON OF HIGH PROPERTY  NAVNEET  NAV
* Director	SAHAY
*DIN of the director or DIN or Income tax PAN of the manager or Membership number of the company secretary	02739989

Note: Attention is drawn to provisions of section 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 sections 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.

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)