Form No. INC-4

सत्यमेव जयते

Form language

English Hindi

One Person Company - Change in Member/Nominee
[Pursuant to Section 3(1) of the Companies Act, 2013 and Rule 4 (4),(5) & (6) of The Companies (Incorporation) Rules, 2014]

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Purpose of filing

1 *This form is for

- ◯ Notice of withdrawal of consent by the nominee of OPC
- ◯ Intimation about change in the name of the nominee of OPC
- ◯ Intimation of Cessation

Company Information

2 *Corporate Identity Number (CIN) [ ]

3 (a) *Name of the one-person company [ ]

(b) *Registered office address [ ]

(c) *Email id of the company [ ]

Notice of Withdrawal of consent by Nominee (*Following fields are applicable in case option 1 is selected in data field 1)*

4 Notice of withdrawal of consent

Notice is hereby given that [ ] was nominated as the nominee of [ ] has withdrawn his/her consent vide his/her notice dated [ ] a copy of which is attached herewith.

Intimation about change in nomination (*Following fields are applicable in case option 2 is selected in data field 1)*

5 Intimation about change in nomination

Notice is hereby given that [ ] member of [ ] has nominated

First name [ ]

Middle name [ ]

Surname [ ]

vide intimation dated [ ] as his/her nominee in place of [ ] who shall become the member of the company in the event of his/her death or his/her incapacity to contract. He/she declares that the nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules,2014.

Intimation of Cessation of member (*Following fields are applicable in case option 3 is selected in data field 1)*

6 Intimation of Cessation of member

(a) Intimation is hereby given that _____ has ceased to be member of _____ w.e.f. _____ due to (Death of the member/ Incapacity of member to contract/ Change in ownership) _____ and

First name _____

Middle name _____

Surname _____

(his/her nominee/ the transferee) _____ has become the sole member of the above-mentioned company.

(b) Whether the nominee is same (in case of change in ownership) ◯ Yes ◯ No

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Intimation about the change of nominee (*Following fields are applicable in case option 1 or 3 is selected in data field 1)*

7 Intimation about the change of nominee

Further notice is given that _____ *(Member/ New member)* _____ of _____ has nominated

First name/Name of the existing nominee _____

Middle name _____

Surname _____

as his nominee w.e.f. _____ who shall become the member of the company in the event of his/her death or his/her incapacity to contract. He/she declare that the nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules 2014.

Particulars of the nominee (*Following fields are applicable in all the cases except the case 'Yes' is selected in field 6(b))*

8 Particulars of the nominee

Director Identification number (DIN)

Fetch from Digi locker [Fetch]

First Name _____

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

Gender
(Male/Female/Transgender)

Date of Birth (DD/MM/YYYY)

Nationality
(List of countries)

Income-tax PAN

Verify Income tax PAN

Place of Birth (District and State)

Occupation type
(Business/Professional/Government /Employment/Private Employment/Housewife/Student/Others)

Area of Occupation
('As per occupation list' available in MCA database (SPICe+ Part B))

If 'Others' selected, please specify

*Educational Qualification
(Primary education/Secondary education/Vocational qualification/Bachelor's degree/Master's degree/ Doctorate or higher/Professional/Diploma/Others)

If 'Others' selected, please specify

Permanent address

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/ UT

Phone (with STD/ISD code)

Mobile No.

Fax

email ID

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

Duration of stay at 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
(Driving License/Aadhar Card/Voter ID Card/Passport)

Proof of Identity Number

Identity Proof Document Max 2 MB Choose File Remove Download

Residential Proof
(Bank Statement/ Electricity Bill/Telephone bill/Mobile bill)

Residential Proof No

Residential Proof Document Max 2 MB Choose File Remove Download

Consent along with declaration by Nominee

I _____ hereby give my consent to become the member of _____ , in the event of death of _____ member of the company or his incapacity to contract.

I do solemnly declare that I am an Indian citizen and resident in India and I have not been convicted of any offence in connection with the promotion, formation or management of any company or LLP and 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 or LLP Act in the last five years. I further declare that

I am not a nominee in any other One Person Company, and I shall comply with the eligibility criteria specified in Rule 3(3) within the prescribed period. I understand that the person nominating me may withdraw my nomination without my consent.

***To be digitally signed by Nominee** DSC BOX

Particulars of the new member (*Following fields are applicable in case option 3 is selected in data field 1)*

9 Particulars of the new member

Director Identification number (DIN)	
Fetch from Digi locker	Fetch
First Name	
Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
Gender *(Male/Female/Transgender)*	▼
Date of Birth (DD/MM/YYYY)	
Nationality *(List of countries)*	▼
Income-tax PAN	
	Verify Income tax PAN
Place of Birth (District and State)	
Occupation type *(Business/Professional/Government /Employment/Private Employment/Housewife/Student/Others)*	▼

Area of Occupation
('As per occupation list' available in MCA database (SPICe+ Part B))

If 'Others' selected, please specify

Educational Qualification
(Primary education/Secondary education/Vocational qualification/Bachelor's degree/Master's degree/ Doctorate or higher/Professional/Diploma/Others)

If 'Others' selected, please specify

Permanent address

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/ UT

Phone (with STD/ISD code)

Mobile No.

Fax

email ID

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

Duration of stay at 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
(Driving License/Aadhar Card/Voter ID Card/Passport)

Proof of Identity Number

Identity Proof Document Max 2 MB Choose File Remove Download

Residential Proof
(Bank Statement/ Electricity Bill/Telephone bill/Mobile bill)

Residential Proof No.

Residential Proof Document Max 2 MB Choose File Remove Download

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Attachments

(a) Notice of withdrawal of consent filed by the nominee Max 2 MB Choose File Remove Download

(b) Copy of intimation given by member for change in nominee Max 2 MB Choose File Remove Download

(c) Proof of Cessation of member Max 2 MB Choose File Remove Download

(d) Optional attachment(s) - if any Max 2 MB Choose File Remove Download

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Declaration

***To be digitally signed by member** DSC BOX

*Income-tax PAN or Director identification number (DIN) of the member

***To be digitally signed by** DSC BOX

*Designation
(Director/ Manager/ Company Secretary/ CEO/ CFO)

*DIN of the director or Income tax PAN of the manager or CEO or CFO or Membership number of the company secretary

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)	