[Pursuant to sections 4, 7, 12, 152 and 153 of the Companies Act, 2013 read with rules made thereunder] - FORM NO. INC-32



			(Simpl	ified Proforma for In	corpor	ating Company Electronical					
For	m language • English	○ Hindi									
Ref	er the instruction kit for filin	g the form.									
*\	Whether name is already appr	oved by Registrar of C	ompan	ies	○ No)					
		372685		Pre-fill	0						
	(a) *State the type of company New company (others)										
1.		- Itom company	•								
	(b) *State the class of company Public • Private One Person Company (c) *State the category of company limited by shares										
	(c) *State the category of company Company limited by shares										
	(d) *State the sub-category (iteli get		ent company							
	(e) *Company is Havin	ng share capital	Not na	ving share capital							
2.	(a) *Main division of industria	a) *Main division of industrial activity of the company 52									
	Description of the main division										
	Retail trade, except of motor vehicles and motorcycles, repair of personal and household goods										
	(b) Whether Articles of Asso	ciation is entrenched	\bigcirc	Yes No							
3.	(i) *Capital structure of the co										
	Total authorized share capital (in Rupees) 1,000,000										
	Authorized share capital	Equity		Preference		Unidentified					
	Number of shares	10,000		0							
	Nominal amount per share (in Rupees)	100									
	Total amount (in Rupees)	1,000,000		0		0					
	Total subscribed share capital	al (in Rupees) 100,00	00								
	Subscribed share capital		Equity		Preference						
	Number of shares		1,000)	0	140					
	Nominal amount per share (i	n Rupees)	100	7		-					
	Total amount (in Rupees)		100,000								

*Particulars of the propose	ed or approve	d na	ime				
Registrar of Companies,	Kerala						
*Name of the office of the R	egistrar of Co	mpar	nies in which the	e propose	ed compan	y is to	be registered
*Whether the address for co	rrespondence	is th	ne address of re	gistered	office of th	e com	npany O Yes No
chair b or the company	sreekrishnak	umai	rics@gmail.com	1			
*email ID of the company sreekrishnakumarfcs@gmail.com							
*Phone (with STD code)	0 0487 - 2444755						
	Thrissur						
*District							00001
*State/Union Territory	Kerala-KL				*Pin co	ode	680001
*City	MANGALODHAYAM BUILDING, THRISSUR						
* Line II							
*Line I	DOOR NO 25/2216A						

6. (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)	4	0
Number of non-individual first subscriber(s)		0
Number of individual first subscriber(s) cum director(s)	4	0
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)	4	0

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

*Director Identification number (DI			1)	069	54489			Pre-fill		
*Name	CHEL	LERI SI	UVEENA							
*Gender	Fema	ale	*Date of	Birth	18/01/1981	*Nat	ionalit	y IN		
*Designa	ation	Director				*Catego	ry	Promo	ter	
Whether Chairman Executive director Non-executive director										
*email ID	sreel	krishnakı	umarfcs@g	ımail.coı	m					
Kind of shares subscribed						ihed shar	'AS	Amou	int of shares subsci	
Equity shares				Number of subscribed shares 375 3			37,500			
	Preference shares			0				0		
Number	of enti	ities in wh	nich directo		interest (Need	not to m	ention			
			CIN/FCRN/							
*Regist	tration r	number	U36911K	L2007P	LC020604					
*Name	СН	EMMAN	UR GOLD	PALACE	E INTERNAT	ONALLIN	/ITED			
*Addre	ess 17/	504, F4,	SHARARA	PLAZA	MAVOOR R	OAD CAL	LICUT	KL 6730	004 IN	
Nature of interest *Designation				DIRECT	OR					
	Percentage of Sha				3		Am	ount		
Others (specify)										
*Director Identification number (DIII				1)	005	50000	-		Pre-fill	
*Director Identification number (DI				٧)	035	59292			FIE-IIII	

*Name		KAROTT	EL ANISH			7				
*Gender	Male	KAROTT	EL ANISH *Date of	Birth	10/05/1977	_	ionalit			
*Gender	Male	Director	*Date of			*Catego	ry	Promo	ter	
*Gender	Male		*Date of		10/05/1977 ive director	*Catego	ry		ter	
*Gender	Male	Director	*Date of			*Catego	ry	Promo	ter	
*Gender	Male ation	Director Chairma	*Date of	Executi	ive director	*Catego	ry	Promo	ter	
*Gender *Designa Whethe	Male ation	Director Chairma	*Date of an umarfcs@g	Execution in the second in the	ive director	*Catego	ory	Promo	ter	
*Gender *Designa Whethe	Male Male ation	Director Chairma krishnaku	*Date of an umarfcs@g	Execution in the second in the	ive director	*Catego	ory	Promo ecutive di	rector	
*Gender *Designa Whethe *email IE	Male ation or sreek	Director Chairma krishnaku	*Date of an umarfcs@g	Execution in the second in the	ive director	*Catego	ory	Promo	rector	
*Gender *Designa Whethe *email ID Kind Equity s Preferen	Male ation of shall hares ace shall rof entire.	Director Chairma krishnaku res subs	*Date of an umarfcs@g	Execution Num 125 0 or have i	ive director	*Catego	ery on-exe	Promo ecutive did	rector	
*Gender *Designa Whethe *email ID Kind Equity s Preferen Number if such e	Male ation sreel of shares ace share of entity is	Director Chairma krishnaku res subs ares ities in wh	*Date of an umarfcs@g	Execution Num 125 0 or have i	ive director m nber of subscr	*Catego	ery on-exe	Promo ecutive did	rector	
*Gender *Designa Whethe *email ID Kind Equity s Preferen Number if such e	Male ation sreel of shares ace share of entity is	Director Chairma krishnaku res subs	*Date of an umarfcs@g	Execution Num 125 0 or have i	ive director m nber of subscr	*Catego	ery on-exe	Promo ecutive did	rector	
*Gender *Designa Whethe *email ID Kind Equity s Preferen Number if such e	Male ation of share hares ace share rof entity is tration r	Director Chairma krishnaku res subs ares ities in wh	*Date of an umarfcs@g	Execution Num 125 0 or have i	ive director m nber of subscr	*Catego	ery on-exe	Promo ecutive did	rector	
*Gender *Designa Whethe *email ID Kind Equity s Preferen Number if such e	Male ation or sreek of shares ace share tration restriction restri	Director Chairma krishnaku res subs ares ities in wh	*Date of an umarfcs@g	Execution Num 125 0 or have i	ive director m nber of subscr	*Catego	ery on-exe	Promo ecutive did	rector	
*Gender *Designa Whethe *email ID Kind Equity s Preferen Number if such e *Regist *Name	Male ation or sreek of shares ace share tration restriction restri	Director Chairma krishnaku res subs ares ities in whis having (*Date of an umarfcs@g cribed nich directo	Execution Num 125 0 or have i	ive director m nber of subscr	*Catego	ery on-exe	Promo ecutive did	rector	
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*Gender *Designa Whethe *email ID Kind Equity s Preferen Number if such e *Regist *Name *Addre	Male ation of share hares ace sha r of entite entity is tration r es ess	Director Chairma krishnaku res subs ities in whis having Chairma *Desig	*Date of an umarfcs@g cribed nich directo	mail.com Num 125 0 or have i	m hber of subscrinterest (Need	*Catego	res ention	Promo ecutive did	rector	

*Name TH			A SAME AND						
Hame TH	ANDIAKKAL ANTON	Y JOLLY							
*Gender Male *Date of Birth 31/05/1970 *Nationality IN									
*Designation Director *Category Promoter									
Whether [
*email ID sr	eekrishnakumarfcs@g								
	hares subscribed	Number of subscribed shares	Amount of shares subscribe						
Equity share		125	12,500						
Preference s		0	0						
	entities in which directo	or have interest (Need not to mention /LLPIN)	2						
*Registration	on number U55101K	L2016PTC045866							
*Name	OSCHIA RESORTS F	PRIVATE LIMITED							
	DOOR NO 33/1710E (KL 682028 IN	CHAKKARAPARAMBU, VENNALA I	POST ERNAKULAM Ernakulam						
Nature of	*Designation	IRECTOR							
interest	Percentage of Shareholding Amount								
	Others (specify)								
*Director Ide	ntification number (DIN	N) 05288245	Pre-fill						
*Name DF	EVADASAN								
		th 18/12/1965 *Nationality N							
	ale *Date of	Birth 18/12/1965 *Nationali	ty IN						
*Gender Ma			ty IN Promoter						
		*Category	- [
*Gender Ma	Director	*Category	Promoter						
*Gender Ma	Director	*Category	Promoter						
*Gender Ma *Designation Whether	Director	*Category Executive director X Non-exe	Promoter						
*Gender Ma *Designation Whether *email ID sr	Director Chairman	*Category Executive director X Non-exe	Promoter ecutive director						
*Gender Ma *Designation Whether *email ID sr	Director Chairman eekrishnakumarfcs@g	*Category Executive director X Non-exe	Promoter ecutive director						
*Gender Ma *Designation Whether *email ID sr	Director Chairman eekrishnakumarfcs@g hares subscribed	*Category Executive director X Non-exe	Promoter ecutive director Amount of shares subscribe						
*Gender Ma *Designation Whether *email ID sr Kind of s Equity share Preference s	Director Chairman eekrishnakumarfcs@g hares subscribed es	*Category Executive director X Non-executive	Promoter ecutive director Amount of shares subscribe 37,500 0						
*Gender Ma *Designation Whether *email ID sr Kind of s Equity share Preference s	Director Chairman eekrishnakumarfcs@g hares subscribed es shares entities in which director y is having CIN/FCRN/	*Category Executive director X Non-executive	Promoter ecutive director Amount of shares subscribe 37,500						
*Gender Ma *Designation Whether *email ID sr Kind of s Equity share Preference s Number of e if such entity *Registratic	Director Chairman eekrishnakumarfcs@g hares subscribed es shares entities in which director y is having CIN/FCRN/ on number U36911K	*Category Executive director X Non-executive	Promoter ecutive director Amount of shares subscribe 37,500 0 1 2						
*Gender Ma *Designation Whether *email ID sr Kind of s Equity share Preference s Number of e if such entity *Registration *Name (i)	Director Chairman eekrishnakumarfcs@g hares subscribed es shares entities in which director y is having CIN/FCRN/ on number U36911K CHEMMANUR GOLD	*Category Executive director X Non-executive director X Non-executive director X Non-executive director X Non-executive director Number of subscribed shares 375 0 or have interest (Need not to mention //LLPIN)	Promoter ecutive director Amount of shares subscribe 37,500 0 1 2						
*Gender Ma *Designation Whether *email ID sr Kind of s Equity share Preference s Number of e if such entity *Registration *Name (i)	Director Chairman eekrishnakumarfcs@g hares subscribed es chares chartities in which director is having CIN/FCRN/ on number U36911K CHEMMANUR GOLD 17/504, F4, SHARARA	*Category Executive director X Non-executive	Promoter ecutive director Amount of shares subscribe 37,500 0 1 2						
*Gender Ma *Designation Whether *email ID sr Kind of s Equity share Preference s Number of e if such entity *Registratio *Name (*Address	Director Chairman eekrishnakumarfcs@g hares subscribed es chares chartities in which director is having CIN/FCRN/ on number U36911K CHEMMANUR GOLD 17/504, F4, SHARARA	*Category Executive director X Non-executive	Promoter ecutive director Amount of shares subscribe 37,500 0 1 2						

8. Particulars of payment of stamp duty

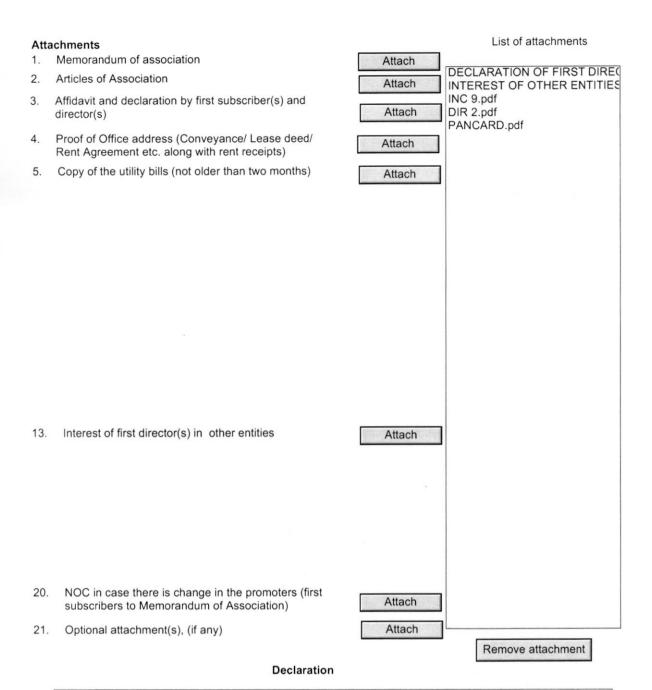
(b) *Whether stamp duty is to be	paid electronically through	MCA21 system Yes	No O Not applicable
(i) Details of stamp duty to be p	paid		
Type of document/Particulars	Form	Memorandum of association	Articles of association
Amount of stamp duty to be paid	25.00	1,000.00	2,000.00

(ii) Provide details of stamp duty already paid

Type of document/Particulars	Form	Memorandum of association	Articles of association	Others
document/Particulars		association	association	0
Total amount of stamp duty paid(in Rs.)				0.00
Mode of payment of stamp duty				
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			,	
Serial number of embossing or stamps or stamp paper or treasury challan number				
Registration number of vendor				
Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MM/YYYY)				
Place of purchase of stamps or stamp paper or payment of stamp duty				

Information specific to PAN	
Area code AO type Range code AO	No.
K R L W 2 1 3	
Information specific to TAN	
Area code AO type Range code AC) No.
K R L W T 1 7 2	
Source of Income Income from Business/profession Capital G Income from other source No Income	iains Income from house property
Business/Profession code 2 0	
^Additional Information for Employer registration under Emplo	oyee State Insurance Corporation (ESIC)
Type of Unit Factory Establishment Exact nature of Work/ Business carried on Work Sub	
Exact nature of Work/ Business carried on Work Sub ca	ategory
^Does the Employees Provident Fund and Miscellaneous Prov	iniana Ant 1052
apply to the establishment	untary Coverage
. ^Number of employees to be covered under Employees Providence	
^Number of Employees earning wages less than Rupees fiftee	
	n thousand employed directly or through
be covered under Employees State Insurance Act	n thousand employed directly or through
be covered under Employees State Insurance Act .^Do you need Importer Exporter code	n thousand employed directly or through
^Do you need Importer Exporter code	n thousand employed directly or through
^Do you need Importer Exporter code	Proposed amount (in Rupees)
^Do you need Importer Exporter code Yes No	
. ^Do you need Importer Exporter code Yes No . ^Particulars of Investment INVESTMENT	
i. ^Do you need Importer Exporter code Yes No i. ^Particulars of Investment INVESTMENT a) land (for rented premises, capitalised value of the same to be	
i. ^Do you need Importer Exporter code Yes No i. ^Particulars of Investment INVESTMENT a) land (for rented premises, capitalised value of the same to be indicated)	
. *Do you need Importer Exporter code Yes No . *Particulars of Investment INVESTMENT a) land (for rented premises, capitalised value of the same to be indicated) b) building	
. *Po you need Importer Exporter code Yes No . *Particulars of Investment INVESTMENT a) land (for rented premises, capitalised value of the same to be indicated) b) building c) plant and machinery	
. *Do you need Importer Exporter code Yes No . *Particulars of Investment INVESTMENT a) land (for rented premises, capitalised value of the same to be indicated) b) building c) plant and machinery I indigenous	
A. *Do you need Importer Exporter code Yes No i. *Particulars of Investment INVESTMENT a) land (for rented premises, capitalised value of the same to be indicated) b) building c) plant and machinery I indigenous II import	

[^] The information in Serial number 10-15 are mandatorily required for Employees State Insurance Corporation registration, Employee Provident Fund, Employees State Insurance registration, Importer Exporter Code Registration in case of applicants desirous of applying for these services at the time of incorporation of a company and this facility is available at e-Biz Portal only as per separate procedure prescribed by e-Biz Portal. These services (Serial number 10-15) will not be available for forms filed on MCA21 Portal and no cognizance will be taken of entries in those fields if the form is filed on MCA21 Portal.



X * CHELLERI SUVEENA

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.

- A 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 am authorised by each subscriber to declare that company shall not commence its business, unless each subscriber has paid the value of the shares agreed to be taken by him at the time of subscribing to the Memorandum of Association:
- [X] 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, 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.

*	K.SREEKRISHNA KUMAR								
	а	Cor	mpany Secre	tary					
	having Membership Number		5913	and/or Certificate of practice number	3371				
	has been engaged to give declaration under section 7(1) (b) and such declaration is attached.								
	furnishing informatio of section evidence	of and n shall 448 a respec	y false or inco ll attract punisl and 449 which	rrect particulars nment for fraud provide for pun	sections 7(5) and 7(6) which, inter-alia, profession of any information or suppression of any under section 447. Attention is also draw ishment for false statement and punishment	/ material vn to provisions			
*DIN / PAN 06954489									
			Dec	laration and	certification by professional				
Ī	K.SREE	KRISI	HNA KUMAF	}					
m	ember of	The	Institute of Co	ompany Secre	etaries of India				
h	aving office	at *							
Т	C35 4165,	C35 4165, KRISHNASREE, PAZHAYANADAKAVU,THRISSUR 680001, KERALA							

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;

- 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 proposed registered office given in the form at the address mentioned herein above and verified that the said proposed registered office of the company is 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 pra	actice) or Cost Accountant (in whole-time practice) or
 Company Secretary (in whole-time pract 	Advocate Sreekrish
* Whether Associate or Fellow Associ	ciate • Fellow
* Membership number. 5913	
Certificate of practice number 3371	
Modify Check I	Form Prescrutiny Submit
For office use only:	Affix estamp and filling 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/N	MM/YYYY)