

FORM NO. DIR.6

[Pursuant to rule 12 (1) of the Companies (Appointment and Qualification of Directors) Rules, 2014]

Intimation of change in particulars of Director to be given to the Central Government

Note -

- All fields marked in * are to be mandatorily filled.

- In case of Indian nationals, Income-tax Permanent Account Name (Income-tax PAN) is mandatory in all cases even if there is no change in Income-tax PAN. In such cases, director details should be as per Income-tax PAN. In case the details as per Income-tax PAN are incorrect, director/designated partner is advised to first correct the details in Income-tax PAN. Refer instruction kit for details

1.(a) * Director Identification Number (DIN)

Pre-fill

(b) Name

2. * Type of change:

- Director Father's name Nationality
- Date of birth Gender Income-tax PAN
- Voters Identity card number Passport number Driving license number
- E-mail ID/ Mobile Permanent residential address Present residential address
- Photograph of Director Residential Status

Aadhaar number Verification as per Form No. DIR.4 Verification as per Form No. DIR.7

Enter information that needs to be corrected. Enter only the relevant field(s)

3. Director's name(Enter full name and do not use abbreviations)

(a) First name

(b) Last name

(c) Middle name

4. Father's name (Even married women must give father's name)

(a) First name

(b) Last name

(c) Middle name

5. Whether a citizen of India Yes No

6. Nationality

6A. Whether resident in India Yes No

7. Date of birth (DD/MM/YYYY)

8. Gender Male Female Transgender

9. Income tax PAN

10. Voter's identity card number

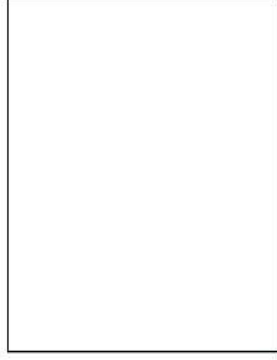
13. Aadhaar number

*14. Mobile

*15. Email ID

16. Permanent residential address

Photograph



(Attach a latest passport size photograph by clicking on above box)(Refer instruction kit for details)

12. Driving license number

Line I

Line II

City

State

ISO country code

Country

Phone

Pin code

Fax

17. Whether present residential address is same as permanent residential address Yes No

Percent address

Line I

Line II

City

State

ISO country code

Country

Phone

Pin code

Fax

List of Attachments

Attachments:

1. * Proof of change in particulars;
2. * Copy of verification by the director in Form No. DIR.7;
3. Optional attachments, if any.

Attach
Attach
Attach

Remove Attachment

*** To be digitally signed by Applicant**

DSC

Certification

I declare that I have been duly engaged for the purpose of certification/verification of this form. It is hereby certified that:

- * I have satisfied myself about the identity of the applicant based on the perusal of the original of the attached document.

Note: In case where the applicant is residing outside India the particulars have to be verified from the documents duly attested by the attesting authority as prescribed.

- I also verify having attested the photograph of the said person:

- o who is personally known to me; or
- o who meet me in person along with the original of the attested documents.

- * All required attachments have been completely attached to this application

- * The applicant has given a verification on prescribed form DIR.7 which is attached to this form.

- * 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 records maintained by the Company/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:

- * All the required attachments have been completely and legibly attached to this form;

- * I have kept a copy of this form and attachments thereto, in my records for future reference.

- * 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.

*** To be digitally signed by**

DSC Box

- * Category

- * Whether associate or fellow

- Associate Fellow

- * Membership Number

- * Certificate of Practice Number

punishment for false evidence respectively.

For office use only :

eForm Service request number (SRN)

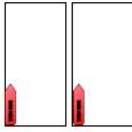
Affix filing details

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved



This e-Form is hereby rejected

Confirm Submission

Date of signing

(DD/MM/YYYY)

OR

This e-Form 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.

Form DIR-1

Application for inclusion of name in the databank of Independent Directors

[Pursuant to section 150 of the Act and rule 6(4) of Companies (Appointment and Qualification of Directors) Rules, 2014]

PART – A : Information and Particulars to be given at the time of Application

A. Personal Details

1. Name
2. Gender
3. Date of Birth
4. Nationality
5. Residential Address
6. E-Mail ID
7. Phone or Mobile Number

B. Educational Details

1. Qualifications
2. Details of Training undergone, if any

C. Professional Details and work experience

1. Brief description of professional career and expertise
2. Current Position
3. Current job profile
4. Total years of experience
5. Past work experience

Name of the Organisation or Company	Date of joining	Date of leaving	Nature of job or responsibilities or duties performed

D. Details of Board positions

1. List of companies in which directorship held during the past five years
2. Number of current directorships held
3. Number of current memberships of Board committees held

E. Other information, if any, considered relevant

Part – B: Changes in the information or particulars, if any, to be given subsequently

(a) Earlier Information or particulars given vide Form _____ dated _____ :-

(b) New information or particulars

Date:

Signature:

Place:

Name:

Form DIR-2

Consent to act as a director of a company

[Pursuant to section 152(5) and rule 8 of Companies (Appointment and Qualification of Directors) Rules, 2014]

To -----(Name of the company)
----- (Address of the company)

Subject: Consent to act as a director.

I, hereby give my consent to act as director of
(name of the company), pursuant to sub-section (5) of section 152 of
the Companies Act, 2013 and certify that I am not disqualified to
become a director under the Companies Act, 2013.

1. Director Identification Number (DIN):
2. Name (in full):
3. Father's Name (in full):
4. Address:

5. E-mail id:
6. Mobile no.
7. Income-tax PAN
8. Occupation:
9. Date of birth:
10. Nationality:
11. No. of companies in which I am already a Director and out of such companies the names of the companies in which I am a Managing Director, Chief Executive Officer, Whole time Director, Secretary, Chief Financial Officer, Manager.
12. Particulars of membership No. and Certificate of practice No. if the applicant is a member of any professional Institute. Specifically state NIL if none.

Declaration

I declare that 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 in the last five years. I further declare that if appointed my total Directorship in all the companies shall not exceed the prescribed number of companies in which a person can be appointed as a Director.

Signature:.....

Designation:.....

Date:

Place:

Attachments:

1. Proof of identity;
2. Proof of residence;

FORM NO. DIR.3

[Pursuant to section 153 of The Companies Act, 2013 & Rule 9(1) of the Companies (Appointment and Qualification of Directors) Rules, 2014 & Rule 10 of Limited Liability Partnership Rules, 2009]



Application for allotment of Director Identification Number

- All fields marked in * are to be mandatorily filled.
- Income-tax Permanent Account Name (Income-tax PAN) is mandatory in case of Indian nationals and in such case applicant details should be as per Income-tax PAN. In case the details as per Income-tax PAN are incorrect, applicant is advised to first correct the details in Income-tax PAN. Refer instruction kit for details.
- In case of foreign nationals, Passport number is mandatory.

1. *Applicant's name (Enter full name and do not use abbreviations)

(a) First name
(b) Last name
(c) Middle name

2. *Father's name (Even married women must give father's name)

(a) First name
(b) Last name
(c) Middle name

3. *Whether a citizen of India Yes No

4. Nationality

Photograph



(Attach a latest passport size photograph by clicking on above box)

5. *Whether resident in India Yes No

6. (a) *Occupation Type Self-employed Professional Homemaker Student Serviceman

Area of Occupation

If 'other' selected, specify

(b) *Educational qualification

7. *Date of birth (DD/MM/YYYY)

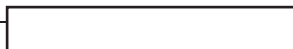
8. * Gender Male Female Transgender

9. Place of birth

10. Income-Tax permanent account number

11. Voter's identity card number

12. Passport number



13. Driving license number

14. Aadhaar number

15. Permanent residential address

*Line I

Line II

*City

*State *Pin code

* ISO country code

Country

* Phone Mobile Fax

*e-mail ID

16. *Whether present residential address is same as permanent residential address o Yes oNo

17. Present residential address

Line I

Line II

City

State Pin code

ISO country code

Country

Phone Fax

Attachments

1. * Proof of identity of applicant
2. * Proof of residence of applicant
3. * Copy of verification by the applicant as per Form No. DIR.4
4. Optional attachment(s) - if any

List of attachments

***To be Digitally signed by Applicant DSC BOX**

Certification

I declare that I have been duly engaged for the purpose of certification/verification of this form. It is hereby certified that:

- *I have satisfied myself about the identity of the applicant based on the perusal of the original of the attached document

Note: In case where the applicant is residing outside India the particulars have to be verified from the documents duly attested by the attesting authority as prescribed.

- I also verify having attested the photograph of the said person:
 - who is personally known to me; or
 - who met me in person along with the original of the attested documents.
- *It is further certified that all required attachments have been completely attached to this application
- *It is further certified that the applicant has given a verification on prescribed form DIR.4 which is attached to this form.
- *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 records maintained by the Company/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:
 - *All the required attachments have been completely and legibly attached to this form;
 - *I have kept a copy of this form and attachments thereto, in my records for future reference.
 - *It is understood that I shall be liable for action under Section 449 of the Companies Act, 2013 for wrong certification, if any found at any stage.

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

*Category

In case of chartered accountant or company secretary or cost accountant (in whole time practice)

Membership Number

Certificate of Practice Number

Whether Associate or fellow Associate fellow

In case of company secretary (in whole time employment) or director of existing company in which the applicant is proposed to be director

DIN of the Director or membership number of Company Secretary

CIN of company with which secretary or director is associated and

in which applicant is proposed to be a director

Pre-fill

Name of company

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



For office use only :

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

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm Submission

Date of signing

(DD/MM/YYYY)

OR

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.

Form DIR-4

Verification of applicant for application for DIN

(To be in the form of Affidavit)

[Pursuant to section 153 and rule 9(3)(a)(iv) of Companies (Appointment and Qualification of Directors) Rules, 2014]

I,, Son*/ Daughter* of, born on, resident of hereby confirm and verify that the particulars given in the Form DIR-3 are true and also are in agreement with the documents being attached to the Form DIR-3.

I hereby confirm and declare that

1. The photograph and documents being attached to the Form DIR-3 belong to me. I further confirm that all required documents have been duly certified by the respective government authority and are being attached to the Form DIR-3, and
2. I am not restrained, disqualified, removed of, for being appointed as director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and
3. I have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and
4. I have not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and
5. I shall be liable under section 448 of the Act and under the relevant provisions of the Indian Penal Code, 1860 and any other law as applicable, if any statement in this application is found to be false or any material fact is found to have been omitted.

*Note: strike out whichever is not applicable.

Signature:

(Name)

Form DIR-5

Application for surrender of Director Identification Number

[Pursuant to section 153 & rule 11(f) of Companies (Appointment and Qualification of Directors) Rules, 2014]

1. Applicant's name (Enter full name and do not use abbreviations)

- (a) First name:
- (b) Last name:
- (c) Middle name:

2. DIN of the applicant:

3. Reasons for surrender of DIN: _____

4. Income-tax permanent account number: (mandatory for Indian nationals) (Details of the applicant shall be as per Income-tax PAN)

5. And any one of the following

- a. Voter's identity card number
- b. Passport number
- c. Driving licence number
- d. UID

6. Permanent residential address:

- (a) Address Line I
- Line II

- (b) City
- (c) State
- (d) Country

- (e) Pin code
- (f) Phone
- (g) Fax
- (h) E-mail ID

7. Whether present residential address is same as permanent residential address:

- Yes
- No

8. Present residential address: (previous residential address, if not residing at the present residential address for more than 1 year)

(a) Address Line I
 Line II

- (b) City
- (c) State
- (d) Country
- (e) Pin code
- (f) Phone
- (g) Fax
- (h) E-mail id

9. Other information, if any, which the applicant intends to submit with regard to this application:

10. Whether the application is being digitally signed by the applicant himself:

- Yes

No

I hereby also declare that

(a) the information and other particulars given in this Form are true and correct.

(b) I have never been appointed as director in any company and the DIN has never been used for filing of any document with any authority.

Signature of the applicant:

Date:

Place:

Certification

I declare that I have been duly engaged for the purpose of certification/verification of this form. It is hereby certified that:

a. I have satisfied myself about the identity of the applicant based on the perusal of the original of the attached document

Note: In case where the applicant is residing outside India the particulars have to be verified from the documents duly attested by the attesting authority as prescribed.

b. I also verify having attested the photograph of the said person:

(i) who is personally known to me; or

(ii) who met me in person along with the original of the attested documents

c. It is further certified that all required attachments have been completely attached to this application

d. 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 records maintained by the Company/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:-

a. All the required attachments have been completely and legibly attached to this form;

b. I have kept a copy of this form and attachments thereto, in my records for future reference.

c. It is understood that I shall be liable for action under section 448 and 449 of the Companies Act, 2013 for wrong certification, if any found at any stage.

Verified by

Company Secretary in practice / Chartered Accountant in practice / Cost Accountant in practice Or Managing Director / Director / Secretary

Mandatory Attachments:

(1) Proof of Identity:

For Indian Nationals:

(Any one of the following):

- Income tax Permanent Account Number Card
- Voter's identity card
- Passport
- Driving licence

- Unique Identity Number (UIN)

For Foreign Nationals and Non Resident Indians:

- Passport
- Others

(2) Proof of residence: (tick against the document being enclosed)

- Voter's identity card
- Passport
- Driving license
- Electricity bill
- Telephone bill
- Bank account statement
- Others - Please specify

(3) Optional attachment(s), if any.

Note: Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false statement and false evidence.

Form DIR 7

Verification of applicant for change in DIN particulars

(To be in the form of Affidavit)

[Pursuant to rule 12(1)(i) of Companies (Appointment and Qualification of Directors) Rules, 2014]

Affix recent photo

I,, Son*/ Daughter* of, born on, resident of hereby confirm and verify that the particulars given in the Form DIR-6 are true and also are in agreement with the documents being attached to the Form DIR-6.

I have applied for change of Applicant's:-

- name
- Nationality
- Date of birth
- Income-tax permanent account number
- Voter's Identity card number
- Passport number
- Driving licence number
- Permanent residential address
- Present residential address
- E-mail id

(along with proof and in case of change of applicant's name or date of birth, a copy of notification published in the Gazette)

I further confirm and declare that

- a. The photograph and documents being attached to the Form DIR-6 belong to me. I further confirm that all required documents have been duly

certified by the respective government authority and are being attached to the Form DIR-6 and

- b. I am not restrained, disqualified, removed of, for being appointed as director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and
- c. I have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and
- d. I have not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and
- e. I shall be liable under section 448 of the Act and under relevant provisions of the Indian Penal Code, 1860 and any other law as applicable, if any statement in this application is found to be false or any material fact is found to have been omitted.

*Note: strike out whichever is not applicable.

Signature:

(Name)

FORM 'DIR-8'

Intimation by Director

[Pursuant to Section 164(2) and rule 14(1) of Companies (Appointment and Qualification of Directors) Rules, 2014]

Registration No. of Company _____

Nominal Capital Rs. _____

Paid-up Capital Rs. _____

Name of Company _____

Address of its Registered Office _____

To

The Board of Directors of _____

I _____ son/daughter/wife of _____ resident of _____ director/managing director/manager in the company hereby give notice that I am/was a director in the following companies during the last three years:-

<u>Name of the Company</u>	<u>Date of Appointment</u>	<u>Date of Cessation</u>
1.....		
2.....		-

I further confirm that I have not incurred disqualification under section 164(2) of the Companies Act, 2013 in any of the above companies, in the previous financial year, and that I, at present, stand free from any disqualification from being a director.

or

I further confirm that I have incurred disqualifications under section 164(2) of the Companies Act, 2013 in the following company(s) in the previous financial year, and that I, at present stand disqualified from being a director.

<u>Name of the Company</u>	<u>Date of Appointment</u>	<u>Date of Cessation</u>
1.....		
2.....		-

Signature

(Full Name)

Dated this _____ day of _____

FORM 'DIR-9'

Report by the company to Registrar

[Pursuant to Section 164(2) read with rule 14(2) of the Companies (Appointment and Qualification of Directors) Rules, 2014]

Registration No. of Company _____

Nominal Capital Rs. _____

Paid-up Capital Rs. _____

Name of Company _____

Address of its Registered Office _____

To

The Registrar of Companies,

It is hereby reported under section 164(2) of Companies Act, 2013 that M/s. _____ have failed to (i) file the financial statements and annual returns for the last three financial years, or (ii) repay deposits or pay interest thereon on due date being _____ or redeem its debentures on due date being _____ or pay dividend declared by

the company since _____ or both. The period of one year has expired on _____.

The name and address of directors at the relevant period are as under :-

(a) Director's name in full, without abbreviations

(b) Director's name as per company's records
(abbreviations may be expanded and shown)

(c) Address of the Director : - (i) Permanent

(ii) Present

(d) Positions held by the director in the last 5 years, prior to disqualification:

Signature

Designation*

Dated this _____ day of _____

*State whether Director, Managing Director, Manager or Secretary

FORM 'DIR-10'

FORM OF APPLICATION FOR REMOVAL OF DISQUALIFICATION OF DIRECTORS

[Pursuant to Section 164(2) read with rule 14(5) of Companies (Appointment and Qualification of Directors) Rules, 2014]

Registration No. of Company _____

Nominal Capital Rs. _____

Paid-up Capital Rs. _____

Name of Company _____

Address of its Registered Office _____

Grounds under which director(s) are disqualified

Date of disqualification _____

Details of the application _____

Signature

Designation*

Dated this _____ day of _____

*State whether Director, Managing Director, Manager or Secretary

FORM NO. DIR.11



Notice of resignation of a director to the Registrar

[Pursuant to proviso to section 168 (1) of The Companies Act, 2013 and rule 16 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Form language (Radio button) English Hindi
Refer the instruction kit for filing the form.

Notice is hereby given that I,
the director of M/s
have resigned from the office of director of the company with effect from
the details of which are given below:

1. Details of the company

- (a) *CIN
- (b) GLN
- (c) Name of the company
- (d) Registered office address

- (e) Email ID of the company

2. Details of the director resigning from such company

- (a) *Director Identification Number (DIN)
- (b) Name

- 3. (a) * Date of appointment

- (b) *Designation

- (c) *Category

- (d) *DIN of the director to whom the appointee was alternate

Name of the original director

- 4. (a) *Date of filing of resignation with the company

- (b) Effective date of resignation specified in the notice of resignation, if any

5.*Reasons for resignation

- 6.*Whether confirmation is received from the company Yes No

Attachment(s)

- (1) *Notice of resignation filed with the company;
- (2) *Proof of dispatch;
- (3) Acknowledgement received from company;
- (4) Optional attachment(s) – if any

Attach
Attach
Attach
Attach

Declaration

I
do solemnly declare that to the best of my/ our knowledge and belief the information given in this return is correct and complete.

***To be digitally signed by Director**

DSC Box

DIN

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

Modify

Check Form

Prescrutiny

Submit

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

FORM DIR-12

[Pursuant to sections 7(1)(c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation and Incidental) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Particulars of appointment of directors and the key managerial personnel and the changes among them

Form Language English हिन्दी
Refer the instruction kit for filing the form.

1. *This form is for New company Existing company

2. (a) *Form No. INC.1 reference number (Service request number (SRN) of FormNo. INC.1) or corporate identity number (CIN) of company

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

(b) Address of the registered office of the company

(c) e-mail ID of the company

4. Number of Managing Director, director(s) for which the form is being filed

5. Details of the Managing Director, directors of the company

Details of the Managing Director or director of the company

Director identification number (DIN)

Pre-fill

Name

Father's name

Present residential address

Nationality

Date of birth

Gender

Appointment Cessation Change in designation

Designation

Date of appointment or change in designation

Category

Whether chairman, executive director, non-executive director

Chairman Executive director Non-executive director

DIN of the director to whom the appointee is alternate

Name of the director to whom the appointee is alternate

Name of the company or institution whose nominee the appointee is

e-mail ID of director

In case of cessation

Hereby confirmed that the above mentioned Director Managing Director is not associated with the company with effect from (DD/MM/YYYY) due to

Interest in other entities

Number of such entities

*CIN/LLPIN/FCRN/Registration number	<input type="text"/>	<input type="button" value="Pre-fill"/>
*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"/>

6. Number of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer for which the form is being filed

7. Details of the manager, secretary, Chief Financial Officer or Chief Executive Officer of the company

I.	Director Identification Number(DIN), if any	<input type="text"/>	<input type="button" value="Pre-fill"/>
	Income-tax permanent account number (PAN)	<input type="text"/>	<input type="button" value="Verify details"/>
	<input type="radio"/> Appointment <input type="radio"/> Cessation		
	Membership number of the secretary	<input type="text"/>	

First name	<input type="text"/>		
Middle name	<input type="text"/>		
Last name	<input type="text"/>		
Father's name			
First name	<input type="text"/>		
Middle name	<input type="text"/>		
Last name	<input type="text"/>		
Present residential address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
ISO country code	<input type="text"/>		
Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Date of birth	<input type="text"/>	(DD/MM/YYYY)	
Designation	<input type="text"/>		
Date of appointment or cessation	<input type="text"/>	(DD/MM/YYYY)	
e-mail ID	<input type="text"/>		

Attachments List of attachments

- (1) Letter of Appointment;
- (2) Declaration by first director;
- (3) Consent of the appointee director in Form No. DIR-2;
- (4) Notice of resignation;
- (5) Evidence of cessation;
- (6) Interest in other entities;
- (7) Optional attachment(s), if any

Attach
Attach
Attach
Attach
Attach
Attach
Attach

Remove

Declaration

I *

- a person named in the articles as a (Drop down: director / manager / company secretary) of the company; or
- have been authorized by the Board of Directors of the Company vide resolution to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and

matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

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

*Designation

*DIN of the director; or DIN or PAN of the manager
or CEO or CFO; or Membership number of the secretary

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby 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 Company/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 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;
- All the required attachments have been completely and legibly attached to this form;
- 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)

Whether associate or fellow Associate Fellow

Membership number

Certificate of Practice number

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing

(DD/MM/YYYY)

OR

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 filing company

[File No. 1/22/2013-CL-V]

(Renuka Kumar)

Joint Secretary to the Government of India