

## Form No. DIR-3

**Application for allotment of Director Identification Number before appointment in an existing company or LLP**  
[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]



Form language

English

Hindi

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*

*Income-tax Permanent Account Number (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.*

*In case of foreign nationals, Passport number is mandatory.*

### Digilocker

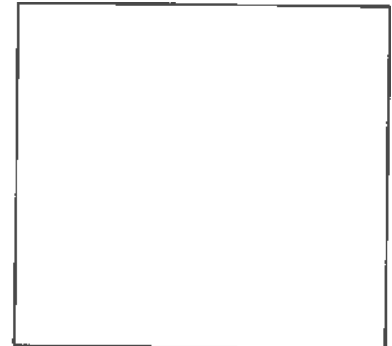
1 Fetch from Digilocker

Fetch

### Applicant's Details

2 \*Photograph

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



Remove Photograph

3 \*Whether a citizen of India

Yes

No

4 Applicant's Name (Enter full name and do not use abbreviations)

(a) First name

(b) Middle name

(c) Last name

5 Father's Name (Even married women must also give father's name)

(a) First name

(b) Middle name

(c) Last name

6 \*Nationality

7 \*Whether resident in India

Yes  No

8 (a) \*Occupation type

Self Employed

Professional

Homemaker

Student

Serviceman

(b) Area of occupation

*(Government/ Teaching/ Business/ Professional/ Government Employment/ Private Employment/ Housewife/Student/Others)*

(c) If 'others' selected, please specify

9 (a) \*Educational qualification

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

(b) If 'others' selected, please specify

10 \*Date of birth (DD/MM/YYYY)

11 \*Gender

Male

Female

Transgender

12 Income-tax permanent account number

Verify Income tax PAN

Income tax PAN attachment

Max 2 MB

Choose File

Remove

Download

13 \*Do you have Aadhaar?

Yes

No

14 Aadhaar number

Aadhaar number attachment

Max 2 MB

Choose File

Remove

Download

15 Voter's identity card number

Voter's identity card attachment

Max 2 MB

Choose File

Remove

Download

16 Passport number

Passport attachment

Max 2 MB

17 Driving license number

Driving license attachment

Max 2 MB

18 Permanent residential address

\*Address Line 1

Address Line 2

\*Country

\*Pin Code/Zip Code

\*Area/Locality

\*City

District

\*State/UT

\*Jurisdiction of Police Station

19 (a) \*Phone

(b) Fax

(c) \*Mobile (with Country code)

(d) \*E-mail ID

20 \*Whether present residential address is same as permanent residential address

 Yes No

21 Present residential address

\*Address Line 1

Address Line 2

\*Country

\*Pin Code/Zip Code

\*Area/Locality

\*City

District

\*State/UT

\*Jurisdiction of Police Station

22 (a) \*Phone

(b) Fax

#### Attachments

(a) \*Proof of residence of applicant

Max 2 MB

Choose File

Remove

Download

(b) Optional attachment(s) - if any

Max 2 MB

Choose File

Remove

Download

#### Verification

I, \*  son/daughter of \*  born on\*   
(DD/MM/YYYY) resident of \*  hereby confirm and verify that the particulars given in this Form are true and also are in agreement with the documents being attached thereto.

I hereby confirm and declare that:

- a) 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 said Form DIR-3,
- 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,
- 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,
- d) I also declare that: -
  - 0 I am not required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number; or
  - 0 I am required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number and the same has been obtained and is attached,
- e) I have not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013,
- f) 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, and
- g) I solemnly declare that the declaration given herein as stated above are true to the best of my knowledge and belief and that it conceals nothing and that no part of it is false.

\* To be digitally signed by Applicant

DSC BOX

**Certification**

\*I declare 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 declare that the company/LLP intends to appoint the applicant as a director/ designated partner after allotment of DIN.

\*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** (Director/Company Secretary/Manager/CEO/CFO/Designated partner)

**\*DIN/DPIN of the Director/Designated partner or PAN of the Manager or CEO or CFO; or membership number of Company Secretary**

**\*Corporate Identity Number (CIN) / FCRN/ LLPIN/ FLLPIN with which the authorised signatory is associated and in which the applicant is proposed to be a director/designated partner**

**\*Name of Company/ foreign company/ LLP/ foreign LLP**

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.**

**For Office use only:**

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**Digital signature of the authorising officer**

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

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.**



(a) Director Identification number

(b) Full name

(c) Father's name

(d) Present Residential Address

(e) Date of birth (DD/MM/YYYY)

(f) Date of approval of DIN by the Central Government  
(DD/MM/YYYY)

(g) Date of receipt of Form DIN-2 / DIR 3B from director  
(DD/MM/YYYY)

(h) Whether the address is as per the company's records

Yes  No

(i) Designation

(Director, Managing director, Alternate director, Additional director,  
Director appointed in casual vacancy, Nominee director, Whole-time director)

(j) Category

(Promoter, Professional, Independent)

(k) Whether Chairman, Executive director, Non-Executive Director

Chairman

Executive Director

Non-Executive Director

(l) DIN of the director to whom the appointee is alternate

(m) Name of the director to whom the appointee is alternate

(n) Name of the company or institution whose nominee the appointee is

(o) Date of appointment (DD/MM/YYYY)

(p) email ID

#### 9 Details of the Manager or Secretary of the company

(i) Details of the manager or secretary of the company

(a) Income-tax permanent account number (PAN)

(b) First name

(c) Middle name

(d) Last name

(e) Father's name

(e) (i) First name	<input type="text"/>
(ii) Middle name	<input type="text"/>
(iii) last name	<input type="text"/>
(f) Present residential address Address Line 1	<input type="text"/>
(g) Address Line 2	<input type="text"/>
(h) Country	<input type="text"/>
(i) Pin code / Zip code	<input type="text"/>
(j) Area / Locality	<input type="text"/>
(k) City	<input type="text"/>
(l) District	<input type="text"/>
(m) State / UT	<input type="text"/>
(n) Jurisdiction of police station	<input type="text"/>
(o) Phone	<input type="text"/>
(p) Fax	<input type="text"/>
(q) Date of birth (DD/MM/YYYY)	<input type="text"/>
(r) Designation (Manager, Secretary, Director, Whole-time director)	<input type="text"/>
(s) Date of appointment (DD/MM/YYYY)	<input type="text"/>
(t) Whether employed full time or part-time	<input type="radio"/> Full-Time <input type="radio"/> Part Time
(u) email ID	<input type="text"/>

**Attachments**

(a) Copy of Form DIN-2/DIR-3B

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

Max 2 MB	Choose File	Remove	Download
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## Verification

To the best of my knowledge and belief, the information given in this form is correct and complete.

- \*I have been authorised by the Board of directors' resolution dated (DD/MM/YYYY)  to sign and submit this form.
- It is hereby confirmed that the appointed director(s) whose particulars are given above, has given declaration to the company that he/she is not restrained/ disqualified/ removed of, for being appointed as Director of a company under the provisions of the Companies Act,2013 including Section 164 of the said Act.
- It is also confirmed that the appointed director(s) whose particulars are given above, has given declaration to the company that he/she has not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate court or High court or any other court.

**\*To be digitally signed by**  
(Managing director or director or manager of the company)

DSC BOX

**\*Designation**  
(Managing director or director or manager of the company)

**\*Director Identification Number of the Director**

---

## Certification by professional

It is hereby certified that I have verified the above particulars from the records of M/S \*  and found them to be true and correct.

**\*To be digitally signed by**  
(Company secretary in whole time practice or the company secretary in full time employment with the company)

DSC BOX

**\*Designation**  
(Company secretary in wholetime practice,  
Company secretary in full-time employment of the company)

**\*Whether associate or fellow:**

- Associate       Fellow

**Membership number of the secretary**

**Certificate of practice number**

Save

Submit

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**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.**

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***For office use only:***

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**Digital signature of the authorising officer**

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)

## Form No. DIR-5



Form language

English

Hindi

### Application for surrender of Director Identification Number

[Pursuant to section 153 of the Companies Act, 2013 and rule 11 of the Companies (Appointment and Qualification of Directors) Rules, 2014]

Refer instruction kit for filing the form

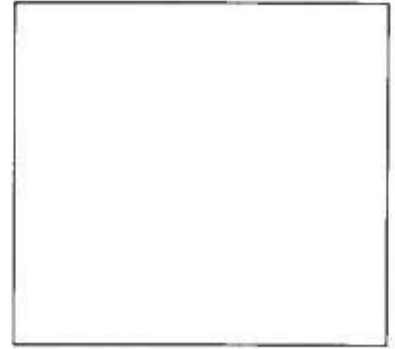
All fields marked in \* are mandatory

### Reason for Surrender

#### 1 \*Reason for surrender of DIN

- Having multiple DINs
- DIN was obtained in a wrongful manner or by fraudulent means
- Death of the concerned individual
- Concerned individual is declared as a person of unsound mind by a competent court
- Concerned individual has been adjudicated as insolvent
- Concerned individual is/was not associated with any company/LLP and the DIN has never been used for filing of any document with any authority

#### Photograph of the DIN holder



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

Remove Photograph

### Retained DIN details

#### 2 (a) \*Whether DIN holder is retaining any DIN

Yes

No

#### (b) Mention the DIN to be retained

(Note: DIN mentioned aforesaid will be replaced with all the other DINs for which surrender application is filed by the user)

#### (c) Name of the DIN holder

(i) First Name

(ii) Middle Name

(iii) Last Name

#### (d) Father's Name

(i) First Name

(ii) Middle Name

(iii) Last Name

(e) Date of Birth (DD/MM/YYYY)

(f) Income-tax permanent account number

Verify Income Tax PAN

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#### Surrendered DIN details

3 \*Specify the number of DIN(s) being surrendered by the applicant

Particulars of the DIN(s) being surrendered

S. No.	DIN	Name	Father's Name

---

#### Applicant's Details

4 (a) \*Whether the application is being digitally signed by the holder of DIN himself

Yes  No

(b) Date of death/ Date of declaration of unsound mind/ Date of adjudication of insolvency

5 Particulars of the applicant

(a) Name

(b) Relation with DIN holder

(c) DIN of the applicant (if any)

(d) Income-tax PAN

(e) \*Mobile number of the applicant (with Country code)

(f) \*Email-ID of the applicant

---

#### Other Details

6 Other information, if any, which the applicant intends to submit with regard to this application

### Attachments

(a) Proof of Identity of the applicant	Max 2 MB	Choose File	Remove	Download
(b) Proof of residence of the applicant	Max 2 MB	Choose File	Remove	Download
(c) Affidavit including declaration that retained DIN will be updated with all CIN/LLPIN association	Max 2 MB	Choose File	Remove	Download
(d) Copy of court order declaring DIN holder as insolvent/unsound mind	Max 2 MB	Choose File	Remove	Download
(e) Copy of death certificate	Max 2 MB	Choose File	Remove	Download
(f) Optional attachment(s) - if any	Max 2 MB	Choose File	Remove	Download

### Declaration

- \*I hereby declare that Information and other particulars given in this form are true and correct.
- I further declare that I have never been appointed as director in any company/LLP and the DIN has never been used for filing of any document with any authority.

\*To be digitally signed by

DSC BOX

\*Name

\*DIN/PAN/Passport/Membership number

### Certificate by Practicing Professional

- \*I declare that I have been duly engaged for the purpose of certification of this form.
- \*I have satisfied myself about the identity of the applicant based on 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 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 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 and 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

- 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

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.**

---

**For Office use only:**

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**Digital signature of the authorising officer**

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)

## Form No. DIR-6



Form language

English

Hindi

### Intimation of change in particulars of Director/ Designated partner to be given to the Central Government

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

Refer instruction kit for filing the form

All fields marked in \* are mandatory

In case of Indian nationals, Income-tax Permanent Account Number (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

#### Director Information

1 (a) \*Director Identification Number (DIN/DPIN)

(b) \*Name

#### Change in director details

2 \*Type of change

Name of director/ designated partner

Father's name

Nationality

Date of birth

Gender

Income-tax PAN

Passport number

Voter's identity card number

Driving license number

Aadhaar number

Permanent residential address

Present residential address

Photograph of director/  
designated partner

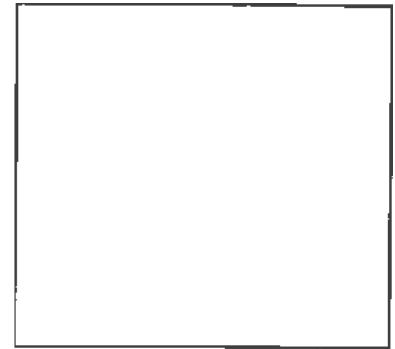
Residential Status

#### Applicant's Details

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

**3 Photograph**

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



Remove Photograph

**4 Whether a citizen of India**

Yes

No

**5 Name of director/ designated partner (Enter full name and do not use abbreviations)**

(a) First Name

(b) Middle name

(c) Last name

**6 Father's Name (Enter full name and do not use abbreviations) (Even married women must enter details of father's name)**

(a) First name

(b) Middle name

(c) Last name

**7 Nationality**

 ▼

**8 Whether resident in India**

Yes

No

**9 Date of birth (DD/MM/YYYY)**

**10 Gender**

Male

Female

Transgender

**11 Income-tax permanent account number**

Verify Income tax PAN

Income tax PAN attachment

Max 2 MB

Choose File

Remove

Download

**12 Aadhaar number**

Aadhaar number attachment

Max 2 MB

Choose File

Remove

Download

**13 Voter's identity card number**



Voter's identity card attachment

Max 2 MB

14 Passport number

Passport attachment

Max 2 MB

15 Driving license number

Driving license attachment

Max 2 MB

16 Permanent residential address

Address Line 1

Address Line 2

Country

 ▼

Pin Code/Zip Code

Area/Locality

 ▼

City

District

State/UT

Jurisdiction of Police Station

Phone

Fax

17 Whether present residential address is same as permanent residential address

Yes

No

18 Present residential address

Address Line 1

Address Line 2

Country

 ▼

Pin Code/Zip Code

Area/Locality

 ▼

City

District

State/UT

Jurisdiction of Police Station

Phone

Fax

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#### Attachments

(a) Proof of change in residence of applicant

(b) Proof of change in Gender

(c) Optional attachment(s) - if any

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#### Verification

I, hereby confirm and verify that the particulars given in the Form herein above are true and also are in agreement with the documents being attached to this form.

- (i) 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 said Form DIR-6,
- (ii) 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
- (iii) 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
- (iv) I have no other allotted DIN other than DIN in which changes are intimated under section 154 of the Companies Act, 2013 or a Designated Partner Identification Number under section 7 of the Limited Liability Partnership Act, 2008.
- (v) 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 be have been omitted.

**\*To be digitally signed by Applicant**

DSC BOX

**Certificate by Practicing Professional**

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 document attested by the attesting authority as prescribed.
- \*I have verified and attested the photograph of the applicant.
- \*All required attachments have been completely attached to this application.
- \*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**

*(Chartered Accountant in whole time practice/ Company Secretary in whole time practice /Cost Accountant in whole time practice)*

**\*Whether associate or fellow:**

- Associate       Fellow

Membership number

Certificate of practice number

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.**

**For Office use only:**

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**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 applicant.**

**Form DIR - 8**

**Intimation by Director**

[Pursuant to Section 164(1) or 164(2) and rule 14(1) 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 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: -

Name of the Company	Date of Appointment	Date of Cessation
1.....		
2.....		

I further confirm that I have not incurred disqualification under section 164(1) or 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 disqualification -

(A) under section 164(1) on the following ground(s) in the previous financial year; or

(B) 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 :

Name of the Company	Date of Appointment	Date of Cessation
1.....		
2.....		

Signature

(Full Name)

Dated this \_\_\_\_\_ day of \_\_\_\_\_

## Form No. DIR-9



Form language

English

Hindi

### Report by the company to Registrar for disqualification of Directors

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

Refer instruction kit for filing the form

All fields marked in \* are mandatory

1 \*Are you filing the application on the basis of alert issued by ROC?

Yes

No

### Company Details

2 (a) \*Corporate Identity Number (CIN)

(b) \*Name of Company

(c) \*Address of its registered office

(d) \*Email ID

### 3 Disqualification details

(a) \*Filing for Disqualification of Directors under section:

164(1)

164(2)(b)

(b) \*Reason for Disqualification

He is of unsound mind and stands so declared by a competent court

He is an undischarged insolvent

He has applied to be adjudicated as an insolvent and his application is pending

He has been convicted by a court of any offence, whether involving moral turpitude or otherwise, and sentenced in respect thereof to imprisonment for not less than six months and a period of five years has not elapsed from the date of expiry of the sentence

An order disqualifying him for appointment as a director has been passed by a court or Tribunal and the order is in force

He has not paid any calls in respect of any shares of the company held by him, whether alone or jointly with others, and six months have elapsed from the last day fixed for the payment of the call

- He has been convicted of the offence dealing with related party transactions under section 188 at any time during the last preceding five years
- He has not complied with sub-section (3) of section 152.
- He has not complied with the provisions of sub-section (1) of section 165.
- The company has failed to repay deposits accepted on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to pay interest thereon on the deposits accepted on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to redeem any debentures on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to pay interest thereon on the debentures redeemed on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to pay dividend declared by the company since <Due date of payment> and period of one year expired on <date of one year of expiry>

**Director details**

**4 Particulars of directors during the relevant financial years**

(a) \*Number of Directors

*Director identification number (DIN)	<input type="text"/>
*Name of the Director (in full, without abbreviations)	<input type="text"/>
*Father's name (Even married women must enter details of father's name)	<input type="text"/>
*Permanent residential address	<input type="text"/>
*Present Residential Address	<input type="text"/>
* Effective date of disqualification (DD/MM/YYYY)	<input type="text"/>
* Position held by the Director in the last five years (prior to disqualification)	<input type="text"/>

**Attachments**

(a) Copy of court order

Max 2 MB	Choose File	Remove	Download
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(b) Optional attachments, if any

Max 2 MB	Choose File	Remove	Download
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**Declaration**

\*I hereby declare that information and other particulars given in this form are true and correct.

I have been Authorised by the board of directors' resolution dated\*  (DD/MM/YYYY) to sign and submit this form.

**\*To be digitally signed by**

DSC BOX

**\*Designation**

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

**\*Director identification number of the director or Managing Director; or DIN or 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.**

***For office use only:***

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**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 No. DIR-10



Form language

English

Hindi

### Application for removal of Disqualification of Directors

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

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*

1 SRN of Form DIR-9

#### Details of the directors disqualified

2 (a) \*Director identification number (DIN)

(b) \*Name of the Director (in full, without abbreviations)

(c) \*Father's name (Even married women must enter details of father's name)

3 \*Section under which disqualification is marked

164(1)

164(2)(b)

4 \*Grounds under which director is disqualified

- He is of unsound mind and stands so declared by a competent court
- He is an undischarged insolvent
- He has applied to be adjudicated as an insolvent and his application is pending
- He has been convicted by a court of any offence, whether involving moral turpitude or otherwise, and sentenced in respect thereof to imprisonment for not less than six months and a period of five years has not elapsed from the date of expiry of the sentence
- An order disqualifying him for appointment as a director has been passed by a court or Tribunal and the order is in force
- He has not paid any calls in respect of any shares of the company held by him, whether alone or jointly with others, and six months have elapsed from the last day fixed for the payment of the call
- He has been convicted of the offence dealing with related party transactions under section 188 at any time during the last preceding five years
- He has not complied with sub-section (3) of section 152.
- He has not complied with the provisions of sub-section (1) of section 165.



- The company has failed to repay deposits accepted on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to pay interest thereon on the deposits accepted on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to redeem any debentures on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to pay interest thereon on the debentures redeemed on the due date being <Due date of payment> and period of one year expired on <date of one year of expiry>
- The company has failed to pay dividend declared by the company since <Due date of payment> and period of one year expired on <date of one year of expiry>

5 \*Date of disqualification (DD/MM/YYYY)

**Company details**

6 (a) Corporate Identity Number (CIN)

(b) Name of Company

(c) Address of its registered office

(d) Email ID

**Details of application**

7 Details of the violations / offences being compounded by NCLT / Court

8 Other details

**Attachments**

(a) Proof of the violations / offences being compounded by NCLT / Court

(b) Proof of violations in which default has been made good

(c) Optional attachments, if any

**Declaration**

\*  I hereby declare that information and other particulars given in this form are true and correct.

\* To be digitally signed by

DSC BOX

\*Name of Director

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.**

*For office use only:*

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**Digital signature of the authorising officer**

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)

## Form No. DIR-11



Form language

English

Hindi

**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]

Refer instruction kit for filing the form

All fields marked in \* are mandatory

### Resignation details

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

### Director Details

#### 1 Details of the director resigning from such company

(a) \*Director Identification Number (DIN)

(b) \*Name of the director

(c) \*Nationality

### Company details

#### 2 Details of the company

(a) \*Name of the company

*(List of companies in which the person is holding position as a 'Director' or 'Managing director' or 'Alternate director' or 'Additional director' or 'Director appointed in casual vacancy' or 'Nominee director' or 'Whole-time director', shall be displayed as a dropdown based on the DIN entered in field 1(a))*

(b) \*Corporate Identity Number (CIN)

(c) \*Registered office address

(d) \*Email id of the company

### Other Details

3 (a) \*Date of appointment (DD/MM/YYYY)

(b) \*Designation

*(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/Nominee director/Whole-time director)*

(c) \*Category (Promoter/Professional/Independent)

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

(e) Name of the original director

4 (a) \*Date of filing of resignation with the company (DD/MM/YYYY)

(b) \*Effective date of resignation specified in the notice of resignation (DD/MM/YYYY)

5 (a) \*Reasons for resignation  
(Management Dispute/Personal Reasons/Others)

(b) Details (applicable in case others is selected)

6 \*Whether confirmation is received from the company  Yes  No

7 Whether intimation of resignation is filed by the director himself/herself  Yes  No

#### Attachments

(a) \*Notice of resignation filed with the company  Max 2 MB

(b) \*Proof of dispatch  Max 2 MB

(c) Acknowledgement received from company  Max 2 MB

(d) Optional attachments – if any  Max 2 MB

#### Declaration

I, , the applicant 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

DIN

#### Declaration

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

To be digitally signed by Director or Chartered Accountant or Company secretary, or Cost Accountant

Category

(Chartered Accountant in whole time practice/Company secretary in whole time practice/ Cost Accountant in whole time practice/Other director of the company)

Whether associate or fellow:

Associate       Fellow

DIN/Membership number

Certificate of practice number

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.**

**For Office use only:**

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

**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 applicant.**

## Form No. DIR-12



Form language

English

Hindi

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

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

Refer instruction kit for filing the form

All fields marked in \* are mandatory

### Company details

1 (a) \* Corporate Identity Number (CIN)

(b) \* Name of the company

(c) \* Address of the registered office of the company

(d) \* E-mail ID of the company

### Particulars of Director/KMP

2 \* Number of Managing director or director(s) for which the form is being filed

3 Details of the Managing Director or Director of the company

(a) Purpose of filing the form

Appointment

Cessation

Change in designation

Appointment due to disqualification of all the existing directors

Appointment by liquidator/IRP/RP

(b) Director Identification Number (DIN)

(c) Name

(d) Father's name

(e) Present residential address

(f) Nationality

(g) Date of birth (DD/MM/YYYY)

(h) Gender

(i) E-mail ID of director

(j) Designation

*(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/  
Nominee director/Whole-time director)*

(k) Date of Appointment or change in designation (DD/MM/YYYY)

(l) Category

*(Promoter/Professional/Independent/Small shareholder's director)*

(m) Whether Chairman, Executive Director, Non-Executive Director

- Chairman  
 Executive director  
 Non-executive director

(n) DIN of such director to whom appointee is alternate

(o) Name of the director to whom such appointee is alternate

(p) Name of the company or institution whose authorised representative or nominee the appointee is

(q) 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**

(r) Number of such entities

S. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)

4 \*Number of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer for which the form is being filed

5 Details of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer of the company

(a) Purpose of filing the form

- Appointment  
 Cessation

(b) Director Identification Number (DIN), if any

(c) Income Tax permanent account number (PAN)

Verify

(d) Membership number of the company secretary	<input type="text"/>
(e)(i) First Name <i>(Either of applicant's First name or Surname shall be mandatory to enter)</i>	<input type="text"/>
(ii) Middle Name	<input type="text"/>
(iii) Last Name <i>(Either of applicant's First name or Surname shall be mandatory to enter)</i>	<input type="text"/>
(f) Father's name	
(i) First Name <i>(Either of applicant's father's first name or Surname shall be mandatory to enter)</i>	<input type="text"/>
(ii) Middle Name	<input type="text"/>
(iii) Last Name <i>(Either of applicant's father's first name or Surname shall be mandatory to enter)</i>	<input type="text"/>
(g) Present residential address	
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Country	<input type="text"/> ▼
Pin Code/Zip Code	<input type="text"/>
Area/Locality	<input type="text"/> ▼
City	<input type="text"/>
District	<input type="text"/>
State/UT	<input type="text"/>
(h) Date of birth (DD/MM/YYYY)	<input type="text"/>
(i) Designation <i>(Manager/Company Secretary/CEO/CFO)</i>	<input type="text"/> ▼
(j) Date of appointment or cessation (DD/MM/YYYY)	<input type="text"/>
(k) Mobile Number (with Country code)	<input type="text"/> <input type="text"/>
(l) E-mail ID	<input type="text"/>



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**Attachments**

(a) Order from court/NCLT/Members resolution

Max 2 MB

Choose File

Remove

Download

(b) Notice of resignation

Max 2 MB

Choose File

Remove

Download

(c) Evidence of cessation

Max 2 MB

Choose File

Remove

Download

(d) Optional attachments – if any

Max 2 MB

Choose File

Remove

Download

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**Director's Consent and Declaration**

I,  hereby give my consent to act as a 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.

I declare that I have not been convicted of any offense 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.

I further declare that I have not incurred disqualification under the Companies Act, 2013 in any of the above companies and that I, at present, stand free from any disqualification from being a director.

I also declare that: -

I am not required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number; or

I am required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number and the same has been obtained and is attached,

To be digitally signed by the Director/ Managing Director

DSC BOX

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**Declaration**

I\*  authorised by the Board of Directors of the Company/ by the court or NCLT vide/by members vide \*  number dated\*  (DD/MM/YYYY) 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

(Director/Manager/Company Secretary/Chief executive officer/Chief Financial Officer/ Promoter Shareholder/Liquidator/IRP/RP)



\*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO or liquidator/IRP/RP or Promoter Shareholder; 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.

To be digitally signed by

Category

- Chartered Accountant (in whole time practice)
- Company Secretary (in whole time practice)
- Cost Accountant (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 eForm 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 company.**

[F. No. 8/4/2018-CL-I- Part(1)]

  
(MANOJ PANDEY)

Joint Secretary to the Government of India

Note: The principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i) *vide* notification number G.S.R. 259(E), dated the 31<sup>st</sup> March, 2014 and was last amended, *vide* notification number G.S.R. 662 (E), dated the 29<sup>th</sup> August, 2022.