

(B) for Form No. DIR-12, the following form shall be substituted, namely:-

FORM NO. DIR-12

[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]



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

Form language (Radio button) English Hindi

Refer the instruction kit for filing the form.

1.*This form is for New company Existing company

2.(a) *Corporate Identification number (CIN) of the company

Pre-fill

(b) Global location number (GLN)

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

I 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

Pre-fill

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 with effect from (DD/MM/YYYY) due to

Interest in other entities

Number of such entities

*CIN/LLPIN/FCRN/Registration number

Pre-fill

*Name

*Address

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

Income-tax permanent account number (PAN)

Appointment Cessation

Membership number of the secretary

First name

Middle name

Last name

Father's name

First name

Middle name

Last name

Present residential address Line I

Line II

City

State

Pin code

ISO country code

Country

Phone

Fax

Date of birth

(DD/MM/YYYY)

Designation

Date of appointment or cessation

(DD/MM/YYYY)

e-mail ID

Attachments

Attach

List of attachments

(1) Declaration by the first director ;

Attach

(2) Declaration of the appointee director,

In Form No. DIR-2;

Attach

Remove attachments

(3) Notice of resignation;

Attach

(4) Evidence of cessation;

Attach

(5) Interest in other entities;

Attach

(6) Optional attachment(s), if any

Declaration

I *

 A person named in the articles as a (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 the 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.

DSC BOX

To be digitally signed byDesignation *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 made 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