

FORM DIR-3C

Intimation of Director Identification Number by
the company to the Registrar

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

1. *Corporate identity number (CIN) of company
- 2(a). Name of the company
- (b). Address of the registered office of the company
Line I
Line II
- (c) *City
- (d) *District (e). *State
- (f). *ISO country code (g). *Pin code
3. *e-mail ID of the company
4. Authorised capital (in Rupees) 5. Number of members of the company
6. Paid-up capital (in Rupees)
- 7(a). Total number of Managing Director, Director(s) as on the date of filing of this form
- 7(b). Number of Managing Director, Director(s) (Enter here the total number of managing director, directors for which the form needs to be filed)

8. Details of the Managing Director, Directors of the company

Details of the Director or Managing Director of the company

- Director Identification Number (DIN)
- Full name
- Father's name
- Present residential address
- Date of birth (DD/MM/YYYY)
- Date of approval of DIN by Central Government (DD/MM/YYYY)
- Date of receipt of Form DIN 2 from the director (DD/MM/YYYY)
- Whether the address is as per the company's records Yes No
- 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

Date of appointment (DD/MM/YYYY)

e-mail ID

9. Details of the Manager or Secretary of the company

I. Details of the Manager or Secretary of the company

Income-tax permanent account number (PAN)

First name

Middle name

Last name

Father's name

First name

Middle name

Last name

Present residential address Line I

Line II

(a) City (b) State

(b) Country (d) Pin code

(e) Phone (f) Fax

Date of birth (DD/MM/YYYY)

Designation

Date of appointment (DD/MM/YYYY)

Whether employed full time or part time Full Time Part Time

e-mail ID

II Details of the Manager or Secretary of the company

Income-tax permanent account number (PAN)

First name

Middle name

Last name

Father's name

First name

Middle name

Last name

Present residential address

Line I

Line II

(a) City

(b) State

(c) Country

(d) Pin code

(e) Phone

(f) Fax

Date of birth

(DD/MM/YYYY)

Designation

Date of appointment

(DD/MM/YYYY)

Whether employed full time or part time

Full Time

Part Time

e-mail ID

Attachments

1. Optional attachment(s) - if any

Attach

List of attachments

Remove attachment

Verification

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

I have been authorized 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 a 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

*Designation

Director identification number of the director

Certification

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 of the company

*Designation

Membership number of the secretary

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

Date of signing (DD/MM/YYYY)