

Form No. DIR-3C



Form language

English

Hindi

Intimate information of directors, managing director, manager and secretary by an Indian company

[Pursuant to section 157 of The Companies Act, 2013 & Rule 10A(2) of the Companies(Appointment and Qualification of Directors) Rules, 2014]

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Company Information

1 *Corporate Identity Number (CIN)

2 (a) *Name of the company

(b) *Address of the registered office of the company

(c) *City

(d) *District

(e) *State/UT

(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

(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, director(s) of, the company

(I) Details of the director or managing director of the 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

(ii) Middle name

(iii) last name

(f) Present residential address
Address Line 1

(g) Address Line 2

(h) Country

(i) Pin code / Zip code

(j) Area / Locality

(k) City

(l) District

(m) State / UT

(n) Jurisdiction of police station

(o) Phone

(p) Fax

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

(r) Designation

(Manager, Secretary, Director, Whole-time director)

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

(t) Whether employed full time or part-time
Time

Full-Time Part

(u) email ID

Attachments

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

Max 2 MB

Choose File

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(b) Optional attachment(s) - if any

Max 2 MB

Choose File

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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

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)