

Form No. DIR-5

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]



Form language

English

Hindi

Refer instruction kit for filing the form

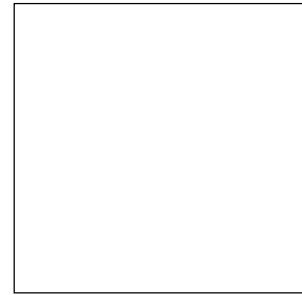
*All fields marked in * are mandatory*

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

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	<input type="text"/>
(c) DIN of the applicant (if any)	<input type="text"/>
(d) Income-tax PAN	<input type="text"/>
(e) *Mobile number of the applicant (with Country code)	<input type="text"/> <input type="text"/>
(f) *Email-ID of the applicant	<input type="text"/>

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	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(b) Proof of residence of the applicant	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(c) Affidavit including declaration that retained DIN will be updated with all CIN/LLPIN association	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(d) Copy of court order declaring DIN holder as insolvent/unsound mind	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(e) Copy of death certificate	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(f) Optional attachment(s) - if any	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="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	<input type="button" value="DSC BOX"/>
*Name	<input type="text"/>
*DIN/PAN/Passport/Membership number	<input type="text"/>

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)