

# Form No. DIR-6

[Pursuant to rule 12 (1) of the Companies (Appointment and Qualification of Directors) Rules, 2014 & Rule 10 of Limited Liability Partnership Rules, 2009]



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

Form Language  English  Hindi

## Note -

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

- 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. Refer instruction kit for details

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

(b) Name

2. \* Type of change:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Name of director/ designated partners       | <input type="checkbox"/> Father's name                 | <input type="checkbox"/> Nationality                 |
| <input type="checkbox"/> Date of birth                               | <input type="checkbox"/> Gender                        | <input type="checkbox"/> Income-tax PAN              |
| <input type="checkbox"/> Voters Identity card number                 | <input type="checkbox"/> Passport number               | <input type="checkbox"/> Driving license number      |
| <input type="checkbox"/> Email ID/ Mobile                            | <input type="checkbox"/> Permanent residential address | <input type="checkbox"/> Present residential address |
| <input type="checkbox"/> Photograph of Director/ Designated partners | <input type="checkbox"/> Residential Status            |  |
| <input type="checkbox"/> Aadhaar number                              |  |  |

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

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

(a) First name

(b) Last name

(c) Middle name

4. Father's name (Enter full name and do not use abbreviations)

(a) First name

(b) Last name

(c) Middle name

5. Whether a citizen of India  Yes  No

6. Nationality

6A. Whether resident in India  Yes  No

7. Date of birth  (DD/MM/YYYY)

8. Gender  Male  Female  Transgender

9. Income tax PAN

10. Voter's identity card number  11. Passport number

12. Driving license number

13. Aadhaar number

\* 14. Mobile

\* 15. Email ID

## Photograph



(Attach a latest passport size photograph by clicking on above box)(Refer instruction kit for details)

16. Permanent residential address

Line I			
Line II			
City			
State		Pin code	
ISO country code		Phone	
		Fax	
Country			

17. Whether present residential address is same as permanent residential address  Yes  No

18. Present residential address

Line I			
Line II			
City			
State		Pin code	
ISO country code		Phone	
		Fax	
Country			

**List Of Attachments**

**Attachments :**

- 1. \*Proof of change in particulars;
- 2 Optional attachments, if any.

Attach

Attach

Remove Attachment

**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 Form DIR-6 and

(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**

**Certification**

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 documents duly 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 448 of The Companies Act, 2013 for wrong certification, if any found at any stage.

**\* To be digitally signed by**

\*Category

\*Whether Associate or Fellow

Associate

Fellow

\* Membership Number

\* Certificate of Practice number

Modify

Check Form

Prescrutiny

Submit

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**Note: Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false statement /certification 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 e-Form is hereby approved

Confirm submission

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)