

## Form No. DIR-6



Form language

English

Hindi

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

[Pursuant to rule 12(1) of the Companies  
(Appointment and Qualification of Directors)  
Rules, 2014]

Refer instruction kit for filing the form

All fields marked in \* are mandatory

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

### Director Information

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

(b) \*Name

### Change in director details

2 \*Type of change

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Name of director/ designated partner          | <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"/> Passport number                               | <input type="checkbox"/> Voter's identity card number  | <input type="checkbox"/> Driving license number      |
| <input type="checkbox"/> Aadhaar number                                | <input type="checkbox"/> Permanent residential address | <input type="checkbox"/> Present residential address |
| <input type="checkbox"/> Photograph of director/<br>designated partner | <input type="checkbox"/> Residential Status            |  |

### Applicant's Details

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

3 Photograph

(Attach a latest passport size photograph by clicking on the alongside box)

Remove Photograph

4 Whether a citizen of India  Yes  No

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

(a) First Name

(b) Middle name

(c) Last name

6 Father's Name (Enter full name and do not use abbreviations) (Even married women must enter details of father's name)

(a) First name

(b) Middle name

(c) Last name

7 Nationality  ▼

8 Whether resident in India  Yes  No

9 Date of birth (DD/MM/YYYY)

10 Gender

Male

Female

Transgender

11 Income-tax permanent account number

Income tax PAN attachment

12 Aadhaar number

Aadhaar number attachment

13 Voter's identity card number

Voter's identity card attachment

14 Passport number

Passport attachment

15 Driving license number

Driving license attachment

16 Permanent residential address

Address Line 1

Address Line 2

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Phone

Fax

17 Whether present residential address is same as permanent residential address

Yes

No

18 Present residential address

Address Line 1

Address Line 2

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Phone

Fax

### Attachments

(a) Proof of change in residence of applicant

Max 2 MB

Choose File

Remove

Download

(b) Proof of change in Gender

Max 2 MB

Choose File

Remove

Download

(c) Optional attachment(s) - if any

Max 2 MB

Choose File

Remove

Download

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### 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 said Form DIR-6,
- (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**

DSC BOX

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### Certificate by Practicing Professional

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 document 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 449 of the Companies Act, 2013 for wrong certification, if any found at any stage.

**\*To be digitally signed by**

DSC BOX

**\*Category**

*(Chartered Accountant in whole time practice/ Company Secretary in whole time practice /Cost Accountant 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)

**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 applicant.**