

FORM DIN-3

Intimation of Director Identification Number by
the company to the Registrar

(See rule 6)

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

I. 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

List of attachments

* **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.

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

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 filing company