

FORM NO. DIR.3

[Pursuant to section 153 of The Companies Act, 2013 & Rule 9(1) of the Companies (Appointment and Qualification of Directors) Rules, 2014 & Rule 10 of Limited Liability Partnership Rules, 2009]


Application for allotment of Director Identification Number

- All fields marked in * are to be mandatorily filled.
- Income-tax Permanent Account Name (Income-tax PAN) is mandatory in case of Indian nationals and in such case applicant details should be as per Income-tax PAN. In case the details as per Income-tax PAN are incorrect, applicant is advised to first correct the details in Income-tax PAN. Refer instruction kit for details.
- In case of foreign nationals, Passport number is mandatory.

1. Applicant's name (Enter full name and do not use abbreviations)

(a) First name

(b) Last name

(c) Middle name

2. Father's name (Even married women must give father's name)

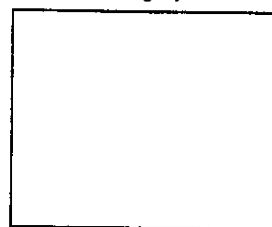
(a) First name

(b) Last name

(c) Middle name

3. Whether a citizen of India ☐ Yes ☐ No

4. Nationality

Photograph


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

Remove Photograph

5. Whether resident in India ☐ Yes ☐ No

6. (a) Occupation Type ☐ Self-employed ☐ Professional ☐ Homemaker ☐ Student ☐ Serviceman

Area of Occupation

If 'other' selected, specify

(b) Educational qualification

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

8. Gender ☐ Male ☐ Female ☐ Transgender

9. Place of birth

10. Income-Tax permanent account number

Verify Income-tax PAN details

11. Voter's identity card number

12. Passport number

13. Driving license number

14. Aadhaar number

15. Permanent residential address

*Line I

Line II

*City

*State

*Pin code

* ISO country code

Country

*Phone

Mobile

Fax

*e-mail ID

16. *Whether present residential address is same as permanent residential address o Yes o No

17. Present residential address

Line I

Line II

City

State

Pin code

ISO country code

Country

Phone

Fax

Attachments**List of attachments**

1. *Proof of identity of applicant

Attach

2. *Proof of residence of applicant

Attach

3. *Copy of verification by the applicant as per Form No. DIR.4

Attach

4. Optional attachment(s) - if any

Attach**Remove attachment**

*To be Digitally signed by Applicant

DSC BOX**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 also verify having attested the photograph of the said person:

- ☐ who is personally known to me; or
- ☐ who met me in person along with the original of the attested documents.
- ☐ *It is further certified that all required attachments have been completely attached to this application.
- ☐ *It is further certified that the applicant has given a verification on prescribed form DIR.4 which is attached to this form.
- ☐ *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

In case of chartered accountant or company secretary or cost accountant (In whole time practice)

Membership Number

Certificate of Practice Number

Whether Associate or fellow o Associate o fellow

In case of company secretary (in whole time employment) or director of existing company in which the applicant is proposed to be director

DIN of the Director or membership number of Company Secretary

CIN of company with which secretary or director is associated and

in which applicant is proposed to be a director

Name of company

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

Study

Check Form

Presorting

Submit

For office use only :

eForm Service request number (SRN)

Affix filing details

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm Submission

Date of signing

(DD/MM/YYYY)

OR

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 company.