

FORM NO. DIR.6

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



सत्यमेव जयते

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

Note -

- All fields marked in * are to be mandatorily filled.
- In case of Indian nationals, Income-tax Permanent Account Name (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)

Pre-fill

(b) Name

2. * Type of change:

- | | | |
|--|--|--|
| <input type="checkbox"/> Director | <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"/> E-mail ID/ Mobile | <input type="checkbox"/> Permanent residential address | <input type="checkbox"/> Present residential address |
| <input type="checkbox"/> Photograph of Director | <input type="checkbox"/> Residential Status | |

☐ Aadhaar number ☐ Verification as per Form No. DIR.4 ☐ Verification as per Form No. DIR.7

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

3. Director's name (Enter full name and do not use abbreviations)

(a) First name

(b) Last name

(c) Middle name

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

(a) First name

(b) Last name

(c) Middle name

5. Whether a citizen of India ☐ Yes ☐ No6. Nationality 6A. Whether resident in India ☐ Yes ☐ No7. Date of birth (DD/MM/YYYY)8. Gender ☐ Male ☐ Female ☐ Transgender

9. Income tax PAN

Verify details

Photograph

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

Remove Photograph

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

12. Driving license number

13. Aadhaarnumber

*14. Mobile

*15. Email ID

16. Permanent residential address

Line I

Line II

City

State

ISO country code Phone Pin code

Country Fax

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

Present address

Line I

Line II

City

State

ISO country code Pin code

Country Fax

Phone

List of Attachments

Attachments:

1. *Proof of change in particulars;
2. *Copy of verification by the director in Form No. DIR.7;
3. Optional attachments, if any.

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

o who is personally known to me; or

o who meet me in person along with the original of the attested documents.

*All required attachments have been completely attached to this application

*The applicant has given a verification on prescribed form DIR.7 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 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

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.

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 e-Form 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.