

# FORM NO. DIR-6

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



Intimation of change in particulars of Director  
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 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            | <input type="checkbox"/> Aadhar number               |

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 ☐ 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

Verify Income-tax PAN details

10. Voter's identity card number

11. Passport number

12. Driving license number

13. Aadhar number

\* 14. Mobile

\* 15. E-mail ID

## Photograph



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

Remove Photograph

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 address

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

**Attachments :**

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

Attach

Attach

**List Of Attachments**

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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

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**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:

- ☐ (i) who is personally known to me; or
- ☐ (ii) who meet me in person along with the original of the attested documents

- \* ☐ 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 No.

\* 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 of the Companies Act, 2013 which provide for punishment for false statement/certificate and punishment of 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)

**OR**

**This eForm has been taken on file maintained by registrar of companies through electronic mode and on the basis of statement of correctness given by the company.**