

Form No. DIR-6

[Pursuant to rule 12(1) of the Companies
(Appointment and Qualification of Directors)
Rules, 2014 & Rule 10 of Limited Liability
Partnership Rules, 2009]



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

Form Language

☐ English

☐ Hindi

Note-

- All fields marked in * are mandatory files

- 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. Refer instruction kit for details

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

Pre-fill

(b) Name

2. *Type of change:

- | | | |
|--|--|--|
| <input type="checkbox"/> Name of director/ designated partners | <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/ Designated partners | <input type="checkbox"/> Residential Status | |
| <input type="checkbox"/> Aadhaar number | | |

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

3. Name of director/ designated partner (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

Photograph

(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](#)

(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. Aadhaar number

*14. Mobile

*15. Email ID

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 residential address

Line I

Line II

City

State Pin code

ISO country code Phone Fax

Country

Attachments:

List of Attachments

--

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

Attach

Attach

Remove Attachments

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

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 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 further reference.
- ☐ *It is understood that I shall be liable for action under section 448 of The Companies Act, 2013 for wrong certifications, 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:

Affix filing details

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorizing officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm Submission

Date of signing

(DD/MM/YYYY)