

Form No. DIR-3-KYC



Form language

☐ English

☐ Hindi

KYC of Directors

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

*All fields marked in * are mandatory*

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 filing the form

Director related information

1 (a) *Director Identification Number (DIN)

(b) *Name

2 Director's Name (Enter full name and do not use abbreviations)

(a) First name

(b) Last name

(c) Middle name

3 Father's Name (Married woman shall also give father's name)

(a) First name

(b) Last name

(c) Middle name

4 *Whether a citizen of India

☐ Yes

☐ No

5 *Nationality

6 *Whether resident in India

☐ Yes

☐ No

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

8 *Gender

☐

Male

☐

Female

☐

Transgender

9 Income tax PAN

10 *Do you have Aadhaar

☐ Yes ☐ No

Aadhaar number

11 Voter's Identity card number

12 *Do you have a valid passport

☐ Yes ☐ No

Passport number

13 Driving license number

14 *Personal Mobile Number

15 *Enter OTP for Mobile Number

16 *Personal Email ID

17 *Enter OTP for e-mail ID

18 Permanent residential address

Do you have permanent address outside India

☐ Yes ☐ No

*Address Line 1

Address Line 2

*Country

*Pin Code/Zip Code

*Area/Locality

*City

District

*State/UT

*Jurisdiction of police station

Phone

Fax

19 *Whether present residential address is same as permanent residential address

☐ Yes

☐ No

20 Present residential address

*Address Line 1

Address Line 2

*Country

*Pin Code/Zip Code

*Area/Locality

*City

District

*State/UT

*Jurisdiction of police station

Phone

Fax

Attachments

(a) *Proof of permanent address

(b) Copy of Aadhaar Card

(c) Copy of Passport

(d) Proof of present address

(e) Optional attachment(s) -if any

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 documents being attached to the Form DIR-3KYC belong to me. I further confirm that all required documents have been duly issued by the respective government authority and are attached to the Form DIR-3 KYC;

(ii) I further confirm that the Mobile No and email ID belong personally to me.

(iii) I have not been declared as a proclaimed offender by any court of Economic Offences or court of Judicial Magistrate or High Court or any other Court;

(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; and

(v) I shall be liable under section 447 read with section 448 of the Companies Act, 2013 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 DIN holder**

Certificate by practicing professional

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 DIN holder and his address based on the perusal of the original of the attached document.
Note: In case where the DIN holder 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 documents of the DIN holder based on the Originals documents produced before me.
- ☐ *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/DIN holder 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:

- ☐ *Mobile No and email ID belong to the Director signing the form.
- ☐ *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 477 read with section 448 of The Companies Act, 2013 for wrong certifications, if any found at any stage.

***To be digitally signed by**

***Category**

(Chartered accountant (in whole-time practice),
Cost accountant (in whole-time practice), Secretary (in whole-time practice))

***Whether associate or fellow**

☐ Associate ☐ Fellow

Membership number

Certificate of Practice number

Note: Attention is drawn to provisions of Section 447 read with section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

eForm filing date(DD/MM/YYYY)

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 director and professional.