

# FORM DIR-12

[Pursuant to sections 7(1)(c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Particulars of appointment of Directors and the key managerial personnel and the changes among them

Form Language  English  HINDI

**Refer the instruction kit for filing the form.**

1. \*This form is for  New company  Existing company

2. (a) \*Form INC-1 reference number (Service request number (SRN) of Form INC-1) or Corporate identity number (CIN) of company

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

(b) Address of the registered office of the company

(c) e-mail ID of the company

4. Number of Managing director or director(s) for which the form is being filed

**5. Details of the Managing Director, directors of the company**

| Details of the Managing Director or director of the company

Director identification number (DIN)	<input type="text"/>	<input type="button" value="Pre-fill"/>			
Name	<input type="text"/>				
Father's name	<input type="text"/>				
Present residential address	<input type="text"/>				
Nationality	<input type="text"/>	Date of birth	<input type="text"/>	Gender	<input type="text"/>
<input type="radio"/> Appointment	<input type="radio"/> Cessation	<input type="radio"/> Change in designation	Date of appointment or change in designation		
Designation	<input type="text"/>		(DD/MM/YYYY)		
Category	<input type="text"/>				
Whether Chairman, Executive director, Non-executive director					
<input type="checkbox"/> Chairman	<input type="checkbox"/> Executive director	<input type="checkbox"/> Non-executive director			
DIN of the director to whom the appointee is alternate	<input type="text"/>		<input type="button" value="Pre-fill"/>		
Name of the director to whom the appointee is alternate	<input type="text"/>				
Name of the company or institution whose nominee the appointee is	<input type="text"/>				
e-mail ID of director	<input type="text"/>				
<b>In case of cessation</b>					
Hereby confirmed that the above mentioned <input type="radio"/> Director <input type="radio"/> Managing Director is not associated with the company with effect from <input type="text"/> (DD/MM/YYYY) due to <input type="text"/>					
<b>Interest in other entities</b>					
Number of such entities	<input type="text"/>				
CIN/LLPIN/FCRN/Registration number	<input type="text"/>		<input type="button" value="Pre-fill"/>		
Name	<input type="text"/>				
Address	<input type="text"/>				
<b>Nature of interest</b>					
* Designation	<input type="text"/>				
Percentage of Shareholding	<input type="text"/>	Amount	<input type="text"/>		
Others (specify) <input type="text"/>					

**6. Number of manager(s), secretary(s), Chief Financial Officer, Chief Executive Officer for which the form is being filed**

**7. Details of manager(s), secretary(s), Chief Financial Officer, Chief Executive Officer of the company**

<b>  Details of manager(s), secretary(s), Chief Financial Officer, Chief Executive Officer of the company</b>		
Director identification Number (DIN), if any	<input type="text"/>	<input type="radio"/> Appointment <input type="radio"/> Cessation
Income-Tax permanent account number (PAN)	<input type="text"/>	<input type="button" value="Pre-fill"/>
Membership number of the secretary	<input type="text"/>	<input type="button" value="Verify Details"/>
First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
Last Name	<input type="text"/>	
<b>Father's name</b>		
First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
Last Name	<input type="text"/>	
Present residential address	Line I	<input type="text"/>
	Line II	<input type="text"/>
City	<input type="text"/>	
State	<input type="text"/>	Pin Code <input type="text"/>
ISO Country Code	<input type="text"/>	
Country	<input type="text"/>	
Phone	<input type="text"/>	Fax <input type="text"/>
Date of birth	<input type="text"/>	(DD/MM/YYYY)
Designation	<input type="text"/>	
Date of Appointment or cessation	<input type="text"/>	(DD/MM/YYYY)
e-mail ID	<input type="text"/>	

## Attachments

List of attachments

- (1) Letter of Appointment;
- (2) Declaration by the first director
- (3) Declaration of the appointee Director,in Form DIR-2;
- (4) Notice of resignation;
- (5) Evidence of Cessation;
- (6) Interest in other entities:
- (7) Optional attachment(s), if any

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## Declaration

I \* [Redacted]

A person named in the articles as a [Redacted] of the company.

authorized by the Board of Directors of the Company vide resolution number [Redacted]  
dated [Redacted] (DD/MM/YYYY)

\* Designation [Redacted] [Redacted]

\* DIN of the director; or DIN or PAN of the manager [Redacted]  
or CEO or CFO; or Membership number of the secretary [Redacted]

## Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that 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/certified 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:

- i. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order ;
- ii. All the required attachments have been completely and legibly attached to this form;

\* To be digitally signed by [Redacted]

- Chartered accountant (in whole-time practice) or  Cost accountant (in whole-time practice) or  
 Company secretary (in whole-time practice)

\* Whether associate or fellow  Associate  Fellow

\*Membership number [Redacted]

\*Certificate of Practice Number [Redacted]

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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 filing company.

**For office use only:**

eForm Service request number (SRN)

Affix filing details

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Confirm Submission

Date of signing

(DD/MM/YYYY)