

Form No. DIR-12

Particulars of appointment of directors and the key managerial personnel and the changes among them
[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]



Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

Company details

1 (a) * Corporate Identity Number (CIN)

(b) *Name of the company

(c) *Address of the registered office of the company

(d) *E-mail ID of the company

Particulars of Director/KMP

2 *Number of Managing director or director(s) for which the form is being filed

3 Details of the Managing Director or Director of the company

(a) Purpose of filing the form

Appointment Cessation Change in designation

Appointment due to disqualification of all the existing directors Appointment by liquidator/IRP/RP

(b) Director Identification Number (DIN)

(c) Name

(d) Father's name

(e) Present residential address

(f) Nationality

(g) Date of birth (DD/MM/YYYY)

(h) Gender

(i) E-mail ID of director

(j) Designation

*(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/
Nominee director/Whole-time director)*



(k) Date of Appointment or change in designation (DD/MM/YYYY)

(l) Category

(Promoter/Professional/Independent/Small shareholder's director)



(m) Whether Chairman, Executive Director, Non-Executive Director

Chairman

Executive director

Non-executive director

(n) DIN of such director to whom appointee is alternate

(o) Name of the director to whom such appointee is alternate

(p) Name of the company or institution whose authorised representative or nominee the appointee is

(q) In case of cessation, hereby confirmed that the above-mentioned Director Managing Director is not associated with the company with effect from (DD/MM/YYYY) due

Interest in other entities

(r) Number of such entities

S. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)

4 *Number of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer for which the form is being filed

5 Details of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer of the company

(a) Purpose of filing the form

Appointment

Cessation

(b) Director Identification Number (DIN), if any

(c) Income Tax permanent account number (PAN)

(d) Membership number of the company secretary

(e)(i) First Name (*Either of applicant's First name or Surname shall be mandatory to enter*)

(ii) Middle Name

(iii) Last Name (*Either of applicant's First name or Surname shall be mandatory to enter*)

(f) Father's name

(i) First Name (*Either of applicant's father's first name or Surname shall be mandatory to enter*)

(ii) Middle Name

(iii) Last Name (*Either of applicant's father's first name or Surname shall be mandatory to enter*)

(g) Present residential address

Address Line 1

Address Line 2

Country ▼

Pin Code/Zip Code

Area/Locality ▼

City

District

State/UT

(h) Date of birth (DD/MM/YYYY)

(i) Designation (*Manager/Company Secretary/CEO/CFO*) ▼

(j) Date of appointment or cessation (DD/MM/YYYY)

(k) Mobile Number (with Country code)

(l) E-mail ID

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Attachments

(a) Order from court/NCLT/Members resolution

(b) Notice of resignation

(c) Evidence of cessation

(d) Optional attachments – if any

Director's Consent and Declaration

I, hereby give my consent to act as a director
(name of the company), pursuant to sub-section (5) of section 152 of the companies Act, 2013 and Certify that I am not disqualified to become a director under the companies Act, 2013.

I declare that I have not been convicted of any offense in connection with the promotion, formation or management of any company or LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law in the last five years.

I further declare that if appointed my total Directorship in all the companies shall not exceed the prescribed number of companies in which a person can be appointed as a Director.

I further declare that I have not incurred disqualification under the Companies Act, 2013 in any of the above companies and that I, at present, stand free from any disqualification from being a director.

I also declare that:-

0 I am not required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number; or

0 I am required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number and the same has been obtained and is attached,

To be digitally signed by the Director/ Managing Director

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Declaration

I* authorised by the Board of Directors of the Company/ by the court or NCLT vide/by members vide * number dated* (DD/MM/YYYY) to sign this form and

declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct, and complete including the attachments to this form and nothing material has been suppressed.

*To be digitally signed by

DSC BOX

*Designation

(Director/Manager/Company Secretary/Chief executive officer/Chief Financial Officer/ Promoter Shareholder/Liquidator/IRP/RP)

▼

*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO or liquidator/IRP/RP or Promoter Shareholder; or Membership number of the secretary

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:

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;

All the required attachments have been completely and legibly attached to this form;

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

DSC BOX

Category

- Chartered Accountant (in whole time practice)
- Company Secretary (in whole time practice)
- Cost Accountant (in whole time practice)

Whether associate or fellow:

- Associate
- Fellow

Membership number

Certificate of practice number

Save

Submit

For Office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby registered

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Date of signing (DD/MM/YYYY)