

# FORM NO. 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

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

i Director Identification Number (DIN)	<input type="text"/>				
ii Name	<input type="text"/>				
iii Father's name	<input type="text"/>				
iv Present residential address	<input type="text"/>				
v Nationality	<input type="text"/>	vi Date of birth	<input type="text"/>	vii Gender	<input type="text"/>
viii <input type="radio"/> Appointment	<input type="radio"/> Cessation	<input type="radio"/> Change in designation	x Date of Appointment or change in designation	<input type="text"/>	
ix Designation	<input type="text"/>	(DD/MM/YYYY)			
xi Category	<input type="text"/>				
xii Whether Chairman, Executive Director, Non-Executive Director					
<input type="checkbox"/> Chairman	<input type="checkbox"/> Executive director	<input type="checkbox"/> Non Executive Director			
xiii DIN of such director to whom appointee is alternate	<input type="text"/>				
xiv Name of the director to whom such appointee is alternate	<input type="text"/>				
xv Name of the company or institution whose nominee the appointee is	<input type="text"/>				
xvi E-mail ID of director	<input type="text"/>				
xvii In case of cessation					
Hereby confirmed that the above mentioned <input type="radio"/> Director <input type="radio"/> Managing director xviii is not associated with the company with effect from <input type="text"/> (DD/MM/YYYY) xix due to <input type="text"/>					
xx Interest in other entities					
xxi Number of such entities	<input type="text"/>				
xxii * CIN/LLPIN/FCRN/Registration number	<input type="text"/>				
xxiii * Name	<input type="text"/>				
xxiv * Address	<input type="text"/>				
xxv Nature of interest					
xxvi * Designation	<input type="text"/>				
xxvii Percentage of Shareholding	<input type="text"/>	xxviii Amount	<input type="text"/>		
xxix Others (specify)	<input type="text"/>				

Details of the Managing Director or Director of the company

i Director Identification Number (DIN)	<input type="text"/>				
ii Name	<input type="text"/>				
iii Father's name	<input type="text"/>				
iv Present residential address	<input type="text"/>				
v Nationality	<input type="text"/>	vi Date of birth	<input type="text"/>	vii Gender	<input type="text"/>
viii <input type="radio"/> Appointment	<input type="radio"/> Cessation	<input type="radio"/> Change in designation	x Date of Appointment or change in designation	<input type="text"/>	
ix Designation	<input type="text"/>	(DD/MM/YYYY)			
xi Category	<input type="text"/>				
xii Whether Chairman, Executive Director, Non-Executive Director					
<input type="checkbox"/> Chairman	<input type="checkbox"/> Executive director	<input type="checkbox"/> Non Executive Director			
xiii DIN of such director to whom appointee is alternate			<input type="text"/>		
xiv Name of the director to whom such appointee is alternate			<input type="text"/>		
xv Name of the company or institution whose nominee the appointee is			<input type="text"/>		
xvi E-mail ID of director			<input type="text"/>		
xvii In case of cessation					
Hereby confirmed that the above mentioned <input type="radio"/> Director <input type="radio"/> Managing director xviii is not associated with the company with effect from <input type="text"/> (DD/MM/YYYY) xix due to <input type="text"/>					
xx Interest in other entities					
xxi Number of such entities	<input type="text"/>				
xxii * CIN/LLPIN/FCRN/Registration number			<input type="text"/>		
xxiii * Name	<input type="text"/>				
xxiv * Address			<input type="text"/>		
xxv Nature of interest					
xxvi * Designation	<input type="text"/>				
xxvii Percentage of Shareholding	<input type="text"/>	xxviii Amount	<input type="text"/>		
xxix Others (specify)			<input type="text"/>		

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

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

i Director Identification Number (DIN), if any	<input type="text"/>
ii Income Tax permanent account number (PAN)	<input type="text"/>
iii <input type="radio"/> Appointment <input type="radio"/> Cessation	
iv Membership number of the secretary	<input type="text"/>
v First Name	<input type="text"/>
vi Middle Name	<input type="text"/>
vii Last Name	<input type="text"/>
viii Father's name	
ix First Name	<input type="text"/>
x Middle Name	<input type="text"/>
xi Last Name	<input type="text"/>
xii Present residential address	xiii Line I <input type="text"/>
	xiv Line II <input type="text"/>
xv City	<input type="text"/>
xvi State	<input type="text"/> xvii Pin Code <input type="text"/>
xviii ISO Country Code	<input type="text"/>
xix Country	<input type="text"/>
xx Phone	<input type="text"/> xxi Fax <input type="text"/>
xxii Date of birth	<input type="text"/> (DD/MM/YYYY)
xxiii Designation	<input type="text"/>
xxiv Date of Appointment or cessation	<input type="text"/> (DD/MM/YYYY)
xxv E-mail ID	<input type="text"/>

**Attachments**

List of attachments

- (1) Letter of appointment;
- (2) Declaration by first director
- (3) Declaration of the appointee director in Form No. DIR-2;
- (4) Notice of resignation;
- (5) Evidence of cessation;
  
- (7) Optional attachment(s) - if any.

--

**Declaration**

I \* [Redacted]  
 A person named in the articles as a [Redacted] of the company  
(in case if a new company) or  
 authorized by the Board of Directors of the Company vide [Redacted]  
number dated [Redacted]

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 [Redacted]

\* Designation [Redacted]

\* Director identification number of the director; or DIN or PAN of the manager 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:

- 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 [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]

