Form NO. DIR-3

[Pursuant to section 153 of The Companies Act, 2013 & Rule 9(1) of The Companies (Appointment and Qualification of Directors) Rules, 2014 & Rule 10 of Limited Liability Partnership Rules, 2009]



Application for allotment of Director Identification Number

- All fields marked in $\ensuremath{^*}$ are to be mandatorily filled.
- Income-tax Permanent Account Name (Income-tax PAN) is mandatory in case of Indian nationals and in such case applicant details should be as per Income-tax PAN. In case the details as per Income-tax PAN are incorrect, applicant is advised to first correct the details in Income-tax PAN. Refer instruction kit for details.
- In case of foreign nationals, Passport number is mandatory.

1. *Applicant's name (Enter full name and do not us	e abbreviations) Photograph
(a) First name	
(b) Last name	
(c) Middle Name	
2. *Father's name (Even Married women must also g	jive father's name)
(a) First name	
(b) Last name	
(c) Middle Name 3. *Whether a citizen of India Yes No	(Attach a latest passport size photograph by clicking on above box)
4. Nationality 5. *Whether resident in India Yes No	Remove Photograph
	ofessional
Area Of Occupation	
If 'other' selected, specify	
(b) *Educational qualification	
7. *Date of birth (DD/MM,	YYYY)
8. *Gender	nsgender
9. Place of birth	
10. Income-tax permanent account number	Verify income-tax PAN
11. Voter's identity card number	
12. Passport number	
13. Driving license number	
14. Aadhaar Number	
15. Permanent residential address	
*Line I	
Line II	
*City	
*State	*Pin code
* ISO Country code	
Country	
*Phone * Mobile	Fax
*E-mail ID	
	summan and residential address Control
16. *Whether present residential address is same as pe	ermanent residential address Yes No

17. Present residential address				
Line I				
Line II				
City				
State		Pin	code	
ISO Country code				
Country				
Phone Fax				
T dx				
Attachments			List of attachment	3
*Proof of identity of applicant				
	Attach			
2. *Proof of residence of applicant	Attach			
3. Optional attachment(s) - if any	Attach			
		_		
			Remove attachi	nent
	Verification			
1	-		Son*/Daug	hter* of
		born on		
resident of				
hereby confirm and verify that the particulars	given in this Form are true as	nd also are	in agreement with t	ho
documents being attached thereto.	given in this i only are true at	ilu aiso aie	in agreement with t	i i e
I hereby confirm and declare that: 1. The photograph and documents being atta	ached to the Form DIP-3 hele	na to mo I	further confirm that	all required
documents have been duly certified by the re				
DIR-3, and 2. I am not restrained, disqualified, removed	of for being appointed as Di	rector of a c	company under the	provisions of the
Companies Act, 2013 including sections 164	and 169, and			
I have not been declared as proclaimed of Court or any other Court, and	fender by any Economic Offe	nce Court o	or Judicial Magistrat	e Court or High
4. I have not been already allotted a Director	Identification Number (DIN) ι	under sectio	on 154 of the Comp	anies Act,
2013, and 5. I further declare that I have read and unde	rstood the provisions of Secti	ons 154, 15	55. 447 and 448 rea	d with Sections
449, 450 and 451 of the Companies Act, 201	3, and			
I solemnly declare that the declaration give that it conceals nothing that no part of it is fall		true to the	best of my knowled	lge and belief and
-				
*To be Digitally signed by Applicant				
	Cortification			
	Certification			
declare that I have been duly engaged for certified that:	the purpose of certification/v	erification o	of this form. It is he	reby
I have satisfied myself about the iden document	tity of the applicant based on	the perusal	of the original of th	e attached
Note: In case where the applicant is documents duly attested by the attes	residing outside India the part ting authority as prescribed	ticulars hav	e to be verified fron	ı the

who is personally known to me; or who meet me in person along with the original of the attested documents.
* It is further certified that 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 future reference.
t is understood that I shall be liable for action under Section 449 of the Companies Act, 2013 for wrong certification, if any found at any stage.
To be digitally signed by
Category
n case of chartered accountant or company secretary or cost accountant (in whole time practice)
Membership number
ertificate of Practice Number
/hether associate or fellow Associate Fellow
DR CONTRACTOR CONTRACT
n case of company secretary (in whole time employment) or director of existing company in which the
pplicant is proposed to be director
DIN of the Director or membership number of Company Secretary
Corporate identity number (CIN) of company with which secretary is associated and in which applicant is proposed to be a director
Name of company Pre-fill
Note: Attention is also drawn to provisions of Section 448 which provides for punishment for false statement and false evidence.
Modify Check Form Prescrutiny Submit
For office use only:
eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)
Digital signature of the authorising officer
This e-Form is hereby approved (DD/MM/YYYY)
This e-Form is hereby rejected Confirm Submission
Date of signing