

FORM DIN-3

Intimation of Director Identification Number by
the company to the Registrar

(See rule 6)

Note - All fields marked in * are to be mandatorily filled.

1. *Corporate identity number (CIN) of company

2(a). Name of the company

(b). Address of the registered office of the company
Line I
Line II

(c). *City

(d). *District (e). *State

(f). *ISO country code (g). *Pin code

3. *e-mail ID of the company

4. Authorised capital (in Rupees) 5. Number of members of the company

6. Paid-up capital (in Rupees)

7(a). Total number of Managing Director, Director(s) as on the date of filing of this form

7(b). Number of Managing Director, Director(s) (Enter here the total number of managing director, directors for which the form needs to be filed)

8. Details of the Managing Director, Directors of the company

I. Details of the Director or Managing Director of the company

Director Identification Number (DIN)

Full name

Father's name

Present residential address

Date of birth (DD/MM/YYYY)

Date of approval of DIN by Central Government (DD/MM/YYYY)

Date of receipt of Form DIN 2 from the director (DD/MM/YYYY)

Whether the address is as per the company's records ☐ Yes ☐ No

Designation

Category

Whether Chairman, Executive Director, Non-Executive Director
☐ Chairman ☐ Executive Director ☐ Non-Executive Director

DIN of the director to whom the appointee is alternate

Name of the director to whom the appointee is alternate

Name of the company or institution whose nominee the appointee is

Date of appointment (DD/MM/YYYY)

e-mail ID

9. Details of the Manager or Secretary of the company

I. Details of the Manager or Secretary of the company

Income-tax permanent account number (PAN)	<input type="text"/>		
First name	<input type="text"/>		
Middle name	<input type="text"/>		
Last name	<input type="text"/>		
Father's name			
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"/>	
(a) City	<input type="text"/>	(b) State	<input type="text"/>
(b).Country	<input type="text"/>	(d) Pin code	<input type="text"/>
(e) Phone	<input type="text"/>	(f) Fax	<input type="text"/>
Date of birth	<input type="text"/>	(DD/MM/YYYY)	
Designation	<input type="text"/>		
Date of appointment	<input type="text"/>	(DD/MM/YYYY)	
Whether employed full time or part time	<input type="radio"/> Full Time <input type="radio"/> Part Time		
e-mail ID	<input type="text"/>		

II Details of the Manager or Secretary of the company

Income-tax permanent account number (PAN)	<input type="text"/>		
First name	<input type="text"/>		
Middle name	<input type="text"/>		
Last name	<input type="text"/>		
Father's name			
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"/>	
(a) City	<input type="text"/>	(b) State	<input type="text"/>
(c) Country	<input type="text"/>	(d) Pin code	<input type="text"/>
(e) Phone	<input type="text"/>	(f) Fax	<input type="text"/>
Date of birth	<input type="text"/>	(DD/MM/YYYY)	
Designation	<input type="text"/>		
Date of appointment	<input type="text"/>	(DD/MM/YYYY)	
Whether employed full time or part time	<input type="radio"/> Full Time <input type="radio"/> Part Time		
e-mail ID	<input type="text"/>		

Attachments

1. Optional attachment(s) - if any

List of attachments

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* ☐ **Verification**

To the best of my knowledge and belief, the information given in this form is correct and complete.

I have been authorized by the board of directors' resolution dated * (DD/MM/YYYY) to sign and submit this form.

To be digitally signed by

Managing director or director or manager of the company

*Designation

Director identification number of the director

* ☐ **Certification**

It is hereby certified that I have verified the above particulars from the records of M/s

and found them to be true and correct.

To be digitally signed by

Company Secretary in whole-time practice or the Company Secretary in full-time employment of the company

*Designation

Membership number of the secretary

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