

**“Form No. DIR-3-KYC-Web**

**Intimation of Changes or Reactivation of DIN**

[Pursuant to rule 11 and 12A of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Form language



English



Hindi

*All fields marked in \* are mandatory*

*Refer instruction kit for filing the form*

Purpose:

☐ Reactivation of DIN ☐ KYC compliance ☐ Update of Mobile Number ☐ Update of Email ID

☐ Update of permanent residential address ☐ Update of Present residential address

1. (a) \*Director Identification Number (DIN)

(b) \*Name

**2. Existing Mobile number and Email ID:**

(a) Personal Mobile Number

Send OTP

Re-send OTP

(b) Enter OTP for Mobile Number

Verify OTP

(c) Personal Email ID

Send OTP

Re-send OTP

(d) Enter OTP for email-ID

Verify OTP

**3. DIN Holder's Name (Enter full name and do not use abbreviations)**

(a) First name

(b) Last name

(c) Middle name

4. Nationality



5. Date of birth (DD/MM/YYYY)

6. Income tax PAN

Verify Income Tax PAN

7. Passport number

**8. Updated Mobile number and Email ID:**

(a) Personal Mobile Number

(b) Enter OTP for Mobile Number

Send OTP

Re-send OTP

Verify OTP

(c) Personal Email ID

Send OTP

Re-send OTP

(d) Enter OTP for e-mail ID

Verify OTP

**9. Permanent residential address**

Do you have permanent address outside India

☐ Yes ☐ No

Address Line 1

Address Line 2

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

10. Whether present residential address is same as permanent residential address

☐ Yes ☐ No

11. Present residential address

Address Line 1

Address Line 2

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Residential Proof



(Voters Identity Card/ Passport/Driving License/Aadhaar/Bank Statement/Utility Bill)

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### Attachments

(a) Proof of change in particulars

Max 2 MB

Choose File

Remove

Download

(b) Optional attachment(s) - if any

Max 2 MB

Choose File

Remove

Download

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### Verification

I hereby declare that the particulars given in the Form herein above are true and also are in agreement with the documents being attached to this form.

I also declare that the particulars are being intimated within the period provided in the rule 12A.

I shall be liable under section 448 of the Act and under relevant provisions of the Bharatiya Nyaya Sanhita, 2023 and any other law as applicable, if any statement in this application is found to be false or any material fact is found to be have been omitted.

To be digitally signed by DIN holder

DSC BOX

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### 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:

1. 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.
2. All the required attachments have been completely and legibly attached to this form.
3. 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),

Cost accountant (in whole-time practice) , Company Secretary (in whole-time practice)



Whether associate or fellow

☐ Associate ☐ Fellow

Membership number

Certificate of Practice number

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**Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.**

***For office use only:***

Service request number (SRN)

Filing date (DD/MM/YYYY)

***This Form 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 DIN Holder and professional. ”.***