

FORM 32

[Pursuant to sections 303(2), 264(2) or 266(1)(a) and 266(1)(b)(iii) of the Companies Act, 1956]

Particulars of appointment of Managing Director, directors, manager and secretary and the changes among them or consent of candidate to act as a Managing Director or director or manager or secretary of a company and/ or undertaking to take and pay for qualification shares

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

1. *This form is for New company Existing company

2.(a) *Form 1A reference number (Service request number (SRN) of Form 1A) 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, director(s) for which the form is being filed

5. Details of the Managing Director, directors of the company

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

Director identification number (DIN)

Name

Father's name

Present residential address

Nationality

Date of birth

Appointment Cessation Change in designation

Designation

Date of appointment or change in designation

Category

(DD/MM/YYYY)

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

e-mail ID

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 to

6. Number of manager(s), secretary(s) for which the form is being filed

7. 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) Appointment Cessation

Whether the secretary is a member of ICSI Yes No

Whether associate or fellow Associate Fellow

Membership number of the secretary

First name

Middle name

Last name

Father's name

First name

Middle name

Last name

Present residential address Line I

Line II

City

State

Pin code

ISO country code

Country

Phone

Fax

Date of birth

(DD/MM/YYYY)

Designation

Date of appointment or cessation

(DD/MM/YYYY)

e-mail ID

Verification I

- 1. *I confirm that the information given above is true to the best of my knowledge and belief.
- 2. It is also hereby confirmed that the consent of the appointee Managing Director, director(s) has been filed as an attachment to this eForm (applicable only in the case of a public company)

Attachments:

- 1. Evidence of payment of stamp duty where qualification shares is involved
(This will be mandatory only if the director giving consent agrees to pay for at least one share)
- 2. Consent(s) of the appointee Managing Director, director(s)

List of attachments

- 3. Declaration regarding qualification shares
- 4. Evidence of cessation
- 5. Optional attachment(s) - if any

Verification II

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

- I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this form.
- I am authorised to sign and submit this form.

To be digitally signed by

Managing Director or director or manager or secretary of the company
(In case of an existing company, person signing the form should be different from the person in whose respect the form is being filed)

*Designation

*Director identification number of the director or Managing Director; or
Income-tax PAN of the manager; or
Membership number, if applicable or income-tax PAN of the secretary
(secretary of a company who is not a member of ICSI, may quote his/ her
income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars(including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- 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 or certificate of practice number

For office use only:

This e-Form is hereby registered

Digital signature of the authorising officer