

FORM 32

Particulars of appointment of managing director, directors, manager and secretary and the changes among them or consent 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

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

Addendum to Form 32

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

1. *Service request number (SRN) of Form 32
- 2(a). *Corporate identity number (CIN) of company or Form 1A reference number
- (b). Global location number (GLN) of company
- 3(a). Name of the company
- (b). Address of the registered office of the company
4. *This form contains details for managing director or directors(s) or manager or secretary

Use additional Form 32 addendum if required

Particulars of managing director or director(s) or manager or secretary - I

Part I			
Director identification number (DIN) or income-tax permanent account number (PAN) <input type="text"/> (Please provide DIN in case of Director)			
*Name <input type="text"/>			
<input type="radio"/> Appointment <input type="radio"/> Cessation <input type="radio"/> Change in designation of director			
<input type="radio"/> Father's name <input type="radio"/> Husband's name <input type="text"/>			
*Nationality <input type="text"/>		*Designation <input type="text"/>	
DIN of the director to whom the appointee is alternate <input type="text"/>			
Name of the director to whom the appointee is alternate <input type="text"/>			
Name of the company or institution whose nominee the appointee is <input type="text"/>			
Date of birth <input type="text"/> (DD/MM/YYYY)		Date of appointment <input type="text"/> (DD/MM/YYYY)	
Income-tax PAN <input type="text"/>			
Voter's identity card number <input type="text"/>		Passport number <input type="text"/>	
Others (specify) <input type="text"/>			
*Permanent residential address Line I <input type="text"/>			
Line II <input type="text"/>			
*City <input type="text"/>		*State <input type="text"/>	
*Country <input type="text"/>		*Pin code <input type="text"/>	
Phone <input type="text"/>		Fax <input type="text"/>	
e-mail ID <input type="text"/>			

*Whether present residential address is same as the permanent residential address Yes No

Present residential address Line I

Line II

City State

Country Pin code

Phone Fax

Interest in other entities

*Directorship in other companies Yes No

If yes,

(1) CIN of company

Name of the company

Designation

(2) CIN of company

Name of the company

Designation

(3) CIN of company

Name of the company

Designation

(4) CIN of company

Name of the company

Designation

(5) CIN of company

Name of the company

Designation

(6) CIN of company

Name of the company

Designation

(7) CIN of company

Name of the company

Designation

(8) CIN of company

Name of the company

Designation

(9) CIN of company

Name of the company

Designation

(10) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(11) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(12) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(13) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(14) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(15) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
*Partnership held in partnership firm If yes,	<input type="radio"/> Yes	<input type="radio"/> No	
Name of partnership firm	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Pin code	<input type="text"/>
*Proprietorship held in proprietorship firm If yes,	<input type="radio"/> Yes	<input type="radio"/> No	
Name of sole proprietorship firm	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Pin code	<input type="text"/>
PART - II			
Hereby confirmed that the above mentioned <input type="radio"/> Director <input type="radio"/> Manager <input type="radio"/> Secretary <input type="radio"/> Managing director			
is not associated with the company with effect from <input type="text"/> (DD/MM/YYYY) due to			
<input type="text"/>			

Particulars of managing director or director(s) or manager or secretary - II

Part I

DIN or income-tax PAN (Please provide DIN in case of Director)

Name

Appointment Cessation Change in designation of director

Father's name Husband's name

Nationality

Designation

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 birth (DD/MM/YYYY)

Date of appointment (DD/MM/YYYY)

Income-tax PAN

Voter's identity card number

Passport number

Others (specify)

Permanent residential address Line I

Line II

City

State

Country

Pin code

Phone

Fax

e-mail ID

Whether present residential address is same as the permanent residential address Yes No

Present residential address Line I

Line II

City

State

Country

Pin code

Phone

Fax

Interest in other entities

Directorship in other companies Yes No

If yes,

(1)CIN of company

Name of the company

Designation

(2)CIN of company

Name of the company

Designation

(3)CIN of company

Name of the company

Designation

(4)CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(5)CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(6) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(7) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(8) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(9) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(10) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(11) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(12) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(13) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(14) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>
(15) CIN of company	<input type="text"/>
Name of the company	<input type="text"/>
Designation	<input type="text"/>

Partnership held in partnership firm Yes No
 If yes,
 Name of partnership firm
 Address Line I
 Line II
 City State
 Country Pin code
 Proprietorship held in proprietorship firm Yes No
 If yes,
 Name of sole proprietorship firm
 Address Line I
 Line II
 City State
 Country Pin code

PART - II

Hereby confirmed that the above mentioned Director Manager Secretary Managing director
 is not associated with the company with effect from (DD/MM/YYYY) due to

Particulars of managing director or director(s) or manager or secretary - III

Part I

DIN or income-tax PAN (Please provide DIN in case of Director)
 Name
 Appointment Cessation Change in designation of director
 Father's name Husband's name
 Nationality Designation
 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 birth (DD/MM/YYYY) Date of appointment (DD/MM/YYYY)
 Income-tax PAN
 Voter's identity card number Passport number
 Others (specify)
 Permanent residential address Line I
 Line II
 City State
 Country Pin code
 Phone Fax
 e-mail ID

Whether present residential address is same as the permanent residential address Yes No

Present residential address Line I

Line II

City State

Country Pin code

Phone Fax

Interest in other entities

Directorship in other companies Yes No
If yes,

(1) CIN of company

Name of the company

Designation

(2) CIN of company

Name of the company

Designation

(3) CIN of company

Name of the company

Designation

(4) CIN of company

Name of the company

Designation

(5) CIN of company

Name of the company

Designation

(6) CIN of company

Name of the company

Designation

(7) CIN of company

Name of the company

Designation

(8) CIN of company

Name of the company

Designation

(9) CIN of company

Name of the company

Designation

(10) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(11) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(12) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(13) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(14) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
(15) CIN of company	<input type="text"/>		
Name of the company	<input type="text"/>		
Designation	<input type="text"/>		
Partnership held in partnership firm	<input type="radio"/> Yes <input type="radio"/> No		
If yes,			
Name of partnership firm	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Pin code	<input type="text"/>
Proprietorship held in proprietorship firm	<input type="radio"/> Yes <input type="radio"/> No		
If yes,			
Name of sole proprietorship firm	<input type="text"/>		
Address	Line I	<input type="text"/>	
	Line II	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Pin code	<input type="text"/>
PART - II			
Hereby confirmed that the above mentioned <input type="radio"/> Director <input type="radio"/> Manager <input type="radio"/> Secretary <input type="radio"/> Managing director			
is not associated with the company with effect from <input type="text"/> (DD/MM/YYYY) due to			
<input type="text"/>			

VERIFICATION

- 1. *I confirm that the information given in Part I and II 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), manager or secretary has been filed as an attachment to this e-Form.

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

List of attachments

Declaration

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 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

Certificate

It is hereby certified that I have verified the above particulars and found them to be true and correct.

Chartered accountant or cost accountant or company secretary (in whole-time practice)

For office use only:

This e-Form is hereby registered

Digital signature of the authorising officer