FORM NO. GNL-3

[Pursuant to the Companies Act, 2013, and sub rule (3) of rule 12 of the Compnaies (Registration offices and Fees) Rules, 2014]

सत्यमेव जयते

Particulars of person(s) or Key managerial personnel charged or specified for the purpose of sub-clause (iii) or (iv) of clause 60 of Section 2

Form Language ◉ English ○ ihndl

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

1.(a) *Corporate identity number (CIN) of company [ ] Pre-fill

(b) Global location number (GLN) of company [ ]

2.(a) Name of the company [ ]

(b) Address of the registered office of the company [ ]

(c) *e-mail ID of the company [ ]

3.* Number of person(s) or Key Managerial Personnel charged [ ]

4. Particulars of person(s) or Key Managerial Personnel charged

(i)

* Whether consent is accepted or withdrawn ○ Acceptance ○ Withdrawal or revocation

* Director identification number (DIN) or income-tax permanent account number (income-tax PAN)(Please provide DIN in case of Director) [ ] Pre-fill

* Name [ ]

* Designation [ ]

If others, please specify [ ]

* Date of birth [ ] (DD/MM/YYYY) * Qualification [ ]

* ○ Father's name ○ Husband's name *Nationality [ ]

[ ]

* Permanent residential address Line I [ ]

Line II [ ]

* City [ ]

* State [ ] * ISO country code [ ]

* Country [ ]

* Pin code [ ] Phone [ ] Fax [ ]

* Mobile [ ]

*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 [ ] * ISO country code [ ]

Country [ ]

* Pin code [ ] Phone [ ] Fax [ ]

Date of consent or revocation given under sub-clause (iii) of clause (60) of section 2 [ ] (DD/MM/YYYY)

*Provision(s) of the Companies Act to which the consent relates

[ ]

(ii) Whether consent is accepted or withdrawn ◯ Acceptance ◯ Withdrawal or revocation

Director identification number (DIN) or income-tax permanent account number (income-tax PAN)(Please provide DIN in case of Director) Pre-fill

Name

Designation

If others, please specify

Date of birth (DD/MM/YYYY) Qualification

◯ Father's name ◯ Husband's name Nationality

Permanent residential address Line I

Line II

City

State ISO country code

Country

Pin code Phone Fax

Mobile

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 ISO country code

Country

Pin code Phone Fax

Date of consent or revocation given under sub-clause (iii) of clause (60) of section 2 (DD/MM/YYYY)

Provision(s) of the Companies Act to which the consent relates

(iii) Whether consent is accepted or withdrawn ◯ Acceptance ◯ Withdrawal or revocation

Director identification number (DIN) or income-tax permanent account number (income-tax PAN)(Please provide DIN in case of Director) Pre-fill

Name

Designation

If others, please specify

Date of birth (DD/MM/YYYY) Qualification

◯ Father's name ◯ Husband's name Nationality

Permanent residential address Line I

Line II

City

State ISO country code

Country

Pin code Phone Fax

Mobile

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 ISO country code

Country

Pin code Phone Fax

Date of consent or revocation given under sub-clause (iii) of clause (60) of section 2 (DD/MM/YYYY)

Provision(s) of the Companies Act to which the consent relates

5.*Date of board resolution (DD/MM/YYYY)

Attachments

List of attachments

1.*Copy of the board resolution Attach

2. Optional attachment(s) - if any Attach

Remove attachment

Verification

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

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

☐ I or we hereby consent to act as the person(s) charged for the purpose of Section 2(60)(iii) of the Companies Act, 2013.

To be digitally signed by

1. The person charged

2. Managing director or director or manager or secretary or CEO or CFO f the company

*Designation

* DIN of the director or Managing Director; or
Income-tax PAN of the manager; or CEO or CFO;
or Membership number, of the secretary

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:

i. 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;

ii. All the required attachments have been completely and legibly attached to this form.

***To be digitally signed by**

◯ 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

*Certificate of practice number

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

Modify Check Form Prescrutiny Submit

For office use only:

Affix filing details

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer Confirm submission

Date of signing (DD/MM/YYYY)