[Pursuant to sectio	n 5(g) of the	
Companies Act, 19	56]	
Note - All fields m	arked in * are to be mandate	orily filled.
I.(a)*Corporate identi	ity number (CIN) of company	
(b) Global location r	number (GLN) of company	
2.(a) Name of the cor	mpany	
(b) Address of the		
registered office of the company		
(c) *e-mail ID of the	e company	
	(s) or director(s) charged	
	son(s) or director(s) charged	
	accepted or withdrawn	Acceptance
	n number (DIN) or income-tax pe	
Name	PAN)(Please provide DIN in cas	
Name		
*Designation		
If others, please spec		
	(DD/MM	
Date of birth		
* () Father's name (Husband's name	*Nationality
Permanent residenti	al address Line I	
	Line II	
City		
State		*ISO country code
Country		
- <u>_</u>	Dhana	
Pin code	Phone	Fax
e-mail ID	idential address is some as the	
-	sidential address is same as the p	permanent residential address O Yes O No
*Present residential a	address Line I	
	Line II	
City		
State		*ISO country code
Country *Pin code	Phone	Fax
	Phone	

I					
I	-				
	Date of consent or revocati	on given under	provisio of clause (f) of section 5		
	*Provision(s) of the Compa	anies Act to whi	ch the consent relates		
I				-	

(DD/MM/YYYY)

Designation						7		
If others, ple	ase specify							
Date of birth				(DD/MM/YYYY)	Qualificati	on		
Father's	name	Husband's	name	_	Nationality	/ [
				[
Permanent i	esidential add	ress	Line I					
			Line II					
City					1			
State					ISO coun	try co	de	
Country								
Pin code		Phone	•			Fax		
e-mail ID								
Whether pres	ent residentia	l address is	s same	as the permanent	residential a	ddres	s 🔿 Yes)
Present resid	lential address	s I	Line I					
		l	_ine II					
City								
State					ISO coun	try co	de	
Country								
Pin code		Ph	one] Fax		
Date of cons	ent or revocat	ion given u		ovisio of clause (f) he consent relates	of section 5			(DD/MM/

Whether c	onsent is acce	epted or v	withdrawn	\bigcirc	Acceptanc	e ()	Withd	Irawal or revocation
DIN or inc	ome-tax PAN	(Please	provide DI	N in case	e of Director)			
Name								
Designatio	n							
If others, p	lease specify							
Date of bir	th			(DD/	MM/YYYY)	Qualif	ication	
C Fath	er's name	O Hu	sband's na	me		Nation	ality	
Permaner	it residential a	ddress	Line I					
			Line					
City								
State						ISO Cou	untry co	ode
Country								
Pin code			Phone				Fax	ζ
e-mail ID								
Whether p	resent resider	ntial addr	ess is sam	e as the	permanent r	esidential a	address	S 🔿 Yes 🔿 No
Present re	sidential addr	ess	Line I					
			Line I	I				
City								
State						ISO Co	untry co	ode
Country								
Pin code			Phone				Fax	κ
	nsent or revoo s) of the Comp					of section 5	5	

5. *Date of board resolution (DD/MM/YYYY)
Attachments
1. *Copy of the board resolution List of attachments
2. Optional attachment(s) - if any
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 * dated * (DD/MM/YYY)
to sign and submit this form.
I or we hereby consent to act as the person(s) charged for the purpose of Section 5(f) of the Companies Act,1956.
To be digitally signed by
1. The person charged
2. Managing director or director or manager or secretary of the company
*Designation
*DIN 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 qoute his/ her income-tax PAN)
For office use only:
This e-Form is hereby registered
Digital signature of the authorising officer