

Return of appointment of managing director or whole-time director or manager

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

1(a). *Corporate identity number (C	CIN) of company
(b). Global location number (GLN	I) of company
2(a). Name of the company	
(b). Address of the registered office of the company	
3(a). *Director identification number number (PAN) (Please provi	er (DIN) or income-tax permanent account de DIN in case of Director)
(b). *Name	
4. *Designation O Man	ager O Whole-time director O Managing director
5. *Date of the resolution by the bo	pard of directors (DD/MM/YYYY)
6. *Effective date of appointment	(DD/MM/YYYY)
7. Terms and conditions including i	remuneration O Per month O Per annum
(a) Salary	(in Rs.)
(b) Perquisites	(in Rs.)
(c) Others	(in Rs.)
(d) Total of (a) to (c)	(in Rs.)
(e) *Tenure of appointment	From (DD/MM/YYYY)
	To (DD/MM/YYYY)
(f) Other terms, if any	

8. Date of resolution, if any passed by the shareholders approving the ap	opointment	(DD/MM/YYYY)
9. Service request number (SRN) of related Form 23		
Attachments	List o	f attachments
1. *Copy of board resolution		
2. Copy of shareholder resolution		
3. Optional attachment(s) - if any		

Certificate

Certified that the requirements of schedule XIII read with section 269 of the Companies Act, 1956 have been complied with.

Declaration

To the best of our knowledge and belief, the information given in this form and its attachments is correct and complete. We have been authorised by the board of directors' resolution dated * (DD/MM/YYYY) to sign and submit this form.

To be digitally signed by

1. Managing director or director or manager or secretary of the company

2. 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