## **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

Form Language
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
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 of director
In case of cessation
Hereby confirmed that the above mentioned ODirector OManaging Director is not associated with the compa
with effect from (DD/MM/YYYY) due to

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	ne 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 of director							
In case of cessation							
Hereby confirmed that the above mentioned \( \text{Director} \) \( \text{Managing Director} \) is not associated with the company							
with effect from	(DD/MM/YYYY) due to						

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	ne 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 of director							
In case of cessation							
Hereby confirmed that the above mentioned \( \text{Director} \) \( \text{Managing Director} \) is not associated with the company							
with effect from	(DD/MM/YYYY) due to						

Details Of the II	anager or secretary	of the company		
Income-tax permanent account number (PAN)		PAN)		○ Appointment ○ Cessation
Whether the secret	ary is a member of IC	SI Yes (	◯ No	
Whether associate	or fellow Ass	ociate	v	
Membership numb	er of the secretary			
First name				
Middle name				
_ast_name				
Father's name				
First name				
Middle name				
_ast name				
Present residential	address Line I			
	Line II			
City				
State			Pin co	de
ISO country code				
Country				
Phone		Fax		
Date of birth		(DD/MM/YYYY)		
Designation				
Date of appointme	nt or cessation		(DD/MM/YYY	Y)
	er or secretary			

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

verification i	
1.*I confirm that the information given above is true to the best of	of my knowledge and belief.
2. It is hereby confirmed that the appointed director(s) whose part to the company that he/ she is not restrained/ disqualified/ re the provisions of the Companies Act, 1956 including sections	moved of, for being appointed as director of a company under
3. It is also hereby confirmed that the consent of the appointee attachment to this eForm (applicable only in the case of a pull	
4. It is also confirmed that the appointed director(s) whose particle company that he/ she has not been declared as proclaimed of Magistrate Court or High Court or any other Court.	
<ul><li>Attachments:</li><li>1. Evidence of payment of stamp duty where qualification shares is if the director giving consent agrees to pay for at least one share</li></ul>	
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 thi	is form and its attachments is correct and complete.
I have been authorised by the Board of directors' resolution nur to sign and submit this form.	mber dated (DD/MM/YYYY)
I am authorised to sign and submit this form.	
To be digitally signed by  Managing Director or director or manager or secretary of the compa (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	
* 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 secret (secretary of a company who is not a member of ICSI, may quote here.)	•
Certificate It is hereby certified that I have verified the above particulars(includ	ling attachment(s)) from the records of
and found them to be true and correct. I further certify that all require attached to this form.	red attachment(s) have been completely
Chartered accountant (in whole-time practice) or Cost	accountant (in whole-time practice) or
Company secretary (in whole-time practice)	
*Whether associate or fellow	
* Membership number or certificate of practice number	

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.