

# FORM NO. GNL-3

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



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  Hindi

**Note - All fields marked in \* are to be mandatorily filled.**  
**Refer Instruction kit for filing the form.**

1.(a) \* Corporate Identification Number (CIN) of company

(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(s) charged

#### 4. Particulars of person(s) or key managerial personnel(s) charged

(Details can be entered for maximum three persons in charge)

(i) \* Whether consent is accepted or withdrawn  Acceptance  Withdrawal or revocation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)

\* 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Whether consent is accepted or withdrawn  Acceptance  Withdrawal or revocation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)

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

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 \*  (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

DIN/PAN

2.\* Director or manager or company secretary or CEO or CFO of the company

\* Designation

\* DIN of the director or DIN/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:

1. 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;
2. 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 respectively.**

**For office use only:**

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

This e-Form is hereby registered

**Digital signature of the authorising officer**

Date of signing  (DD/MM/YYYY)