

Form No. MR-1

[Pursuant to Section 196 read with Section 197 and Schedule V of the Companies Act, 2013 and pursuant to Rule 3 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules 2014]



Return of appointment of key managerial personnel

Form Language English Hindi

Refer instruction kit for filing the form.

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

3.(a) *Director Identification number (DIN) or income-tax permanent account number (PAN) or membership number

(b) *Name

4. *Designation Manager Managing Director Whole-time Director CEO CFO Company Secretary

5. * Date of the resolution by the board of directors

(DD/MM/YYYY)

6. * Effective date of appointment

(DD/MM/YYYY)

7. Terms and conditions including remuneration

(a) Remuneration Per month Per annum

i. Salary (in Rs.)

ii. Perquisites (in Rs.)

iii. Others (in Rs.)

iv. Total of (i) to (iii) (in Rs.)

(b) * Tenure of appointment

From

(DD/MM/YYYY)

To

(DD/MM/YYYY)

(c) Other terms, if any

8.* (a) Whether the age of the appointee is more than 70 years Yes No

9.* (a) Whether the appointee had been convicted or detained under any of the Acts mentioned in Part I of Schedule V

Yes No

10.* (a) Whether the approval for such appointment has been obtained from the members in general meeting

Yes No

11.* (a) Whether the appointee has been disqualified for appointment of director under section 164 of the Act

Yes No

Attachments

List of attachments

1.* Copy of board resolution

Attach

2.* Copy of letter of consent to act as
Managing Director/ Whole time Director/Manager/
CEO/ CFO/ Secretary ;

Attach

3. Copy of certificate by the Nomination and

Attach

Remuneration Committee of the company, if any, to the effect that
the remuneration is as per remuneration policy of the company

Remove Attachment

4. Optional attachments, if any

Attach

Declaration

I am authorized by the Board of Directors of the Company vide resolution no.* dated*
to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in
respect of the subject matter of this form and matters incidental thereto have been complied with.

I also declare that all the information given herein above is true, correct and complete including the attachments
to this form and nothing material has been suppressed.

*To be digitally signed by

*Designation

*DIN of the director; or DIN or PAN of the manager or CEO or CFO; or
Membership number of the company 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 records maintained by the Company 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;

- a. 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;
- b. 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 drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

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

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing (DD/MM/YYYY)