**Annexure – 3**

*(on the letterhead of the Authorised person)*

**DETAILS OF DIRECTORS OF M/S. \_\_\_\_\_\_\_\_\_\_ (*APPLICANT AUTHORISED PERSON’S NAME*) AS ON \_\_\_\_\_\_\_ *(date)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name $** | **Father’s**  **Name** | **Date of Birth** | **PAN No. #** | **Qualification** | **Residential**  **Address** | **Contact / Mobile**  **No.** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

**NOTES:**

**$** All initials to be expanded (full name to be indicated)

Place:

Signature of Director of Authorised Person

With Stamp of the Authorised Person

**CERTIFICATE**

This is to certify that the details of directors in M/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ as given above, based on my/ our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

For (Name of Certifying Firm)

Name of the Partner/Proprietor

Chartered Accountant/Company Secretary

Membership Number

Date: