

FORM 1AA

Particulars of person(s) or director(s) charged or specified
for the purpose of clause (f) or (g) of section 5

[Pursuant to section 5(g) of the
Companies Act, 1956]

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

1(a). *Corporate identity 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

3. *Number of persons charged

4. Particulars of persons charged

(i)	* Whether consent is accepted or withdrawn <input type="radio"/> Acceptance <input type="radio"/> Withdrawal or revocation	
Director identification number (DIN) or income-tax permanent account number (PAN) <input type="text"/>		
(Please provide DIN in case of Director)		
*Name	<input type="text"/>	
*Designation	<input type="text"/>	
*Date of birth <input type="text"/> (DD/MM/YYYY)	*Qualification <input type="text"/>	
*Nationality <input type="text"/>	Income-tax PAN <input type="text"/>	
* <input type="radio"/> Father's name <input type="radio"/> Husband's name <input type="text"/>		
*Permanent residential address	Line I <input type="text"/>	
	Line II <input type="text"/>	
*City <input type="text"/>	*State <input type="text"/>	
*Country <input type="text"/>	*Pin code <input type="text"/>	
Phone <input type="text"/>	Fax <input type="text"/>	
e-mail ID <input type="text"/>		
*Whether present residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No		
*Present residential address	Line I <input type="text"/>	
	Line II <input type="text"/>	
*City <input type="text"/>	*State <input type="text"/>	
*Country <input type="text"/>	*Pin code <input type="text"/>	
Phone <input type="text"/>	Fax <input type="text"/>	
*Date of consent or revocation given under provision of clause (f) of section 5 <input type="text"/> (DD/MM/YYYY)		
*Provision(s) of the Companies Act to which the consent relates		
<input type="text"/>		

(ii) Whether consent is accepted or withdrawn ☐ Acceptance ☐ Withdrawal or revocation

DIN or income-tax PAN (Please provide DIN in case of Director)

Name

Designation

Date of birth

(DD/MM/YYYY)

Qualification

Nationality

Income-tax PAN

☐ Father's name

☐ Husband's name

Permanent residential address

Line I

Line II

City

State

Country

Pin code

Phone

Fax

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

Country

Pin code

Phone

Fax

Date of consent or revocation given under provision of clause (f) of section 5

(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

DIN or income-tax PAN (Please provide DIN in case of Director)

Name

Designation

Date of birth

(DD/MM/YYYY)

Qualification

Nationality

Income-tax PAN

☐ Father's name ☐ Husband's name

Permanent residential address

Line I

Line II

City

State

Country

Pin code

Phone

Fax

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

Country

Pin code

Phone

Fax

Date of consent or revocation given under provision of clause (f) of section 5 (DD/MM/YYYY)

Provision(s) of the Companies Act to which the consent relates

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