

Annexure – 3

(on the letterhead of the Authorised person)

**DETAILS OF DIRECTORS OF M/S. _____ (APPLICANT AUTHORISED
PERSON'S NAME) AS ON _____**

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: