

Date: _____

To,

The Regional Director

Address of RD

Sub: Application for surrender of DIN (Enter DIN No. _____)

Dear Sir,

I, **(Name of the Director)** S/o Mr. _____, R/o _____, have been erroneously issued two DINs i.e. DIN _____ approved on _____ and DIN _____ approved on _____ respectively.

I hereby confirm that the DIN approved later i.e. _____ on _____, is associated with _____ Companies. Therefore, I hereby request you for surrender of the same and retain my oldest DIN _____ which is associated with the Registered Companies.

Further, the details of new DIN _____, could be transferred to my old DIN _____.

Kindly record the above in your database and do the needful.

Thanking you

Yours sincerely,

Signature

Name of the Director

DIN

Address

Affidavit

I, _____ S/o Mr. _____, aged ____ years residing at _____, do solemnly affirm and declare as follows:

1. I have been allotted two Director Identification Numbers (DIN) erroneously i.e. DIN: _____ and DIN: _____ approved on _____ and _____, respectively.
2. I have been associated with ____ Companies with DIN: _____.
3. I have been associated with ____ Company with DIN: _____.
4. I wish to retain my oldest DIN i.e. _____ and surrender my new DIN i.e. _____ and the details of new/ old DIN _____, could be transferred to my old/ DIN _____.
5. I shall hereby undertake and indemnify in writing to indemnify any person for any losses that may arise pursuant to cancellation of DIN: _____.

Deponent

Verification:-

I verify that the contents of this Affidavit are true to the best of my knowledge and belief.

Place:
Date:

Deponent