

FORM NO. DIR-12

[Pursuant to sections 7(1) (c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Particulars of appointment of directors and the key managerial personnel and the changes among them

Form Language English Hindi

Refer the instruction kit for filing the form.

1. *This form is for New company existing company

2. (a) *Form INC-1 reference number (Service request number (SRN) of Form INC-1) or corporate identity number (CIN) of company

L74999HR1989PLC032412

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

INNOVATIVE TECH PACK LIMITED

(b) Address of the registered office of the company

51, ROZKA MCO INDL.ESTATESHONA GURGAON
Haryana
000000
India

(c) E-mail ID of the company

vishesh@itplgroup.com

4. Number of Managing director or director(s) for which the form is being filed

2

5. Details of the Managing Director, directors of the company

1 Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

ii Name

iii Father's name

iv Present residential address

v Nationality vi Date of birth vii Gender

viii Appointment Cessation Change in designation x Date of Appointment or change in designation

ix Designation x Date of Appointment or change in designation (DD/MM/YYYY)

xi Category

xii Whether Chairman, Executive Director, Non-Executive Director
 Chairman Executive director Non Executive Director

xiii DIN of such director to whom appointee is alternate

xiv Name of the director to whom such appointee is alternate

xv Name of the company or institution whose nominee the appointee is

xvi E-mail ID of director

xvii In case of cessation
Hereby confirmed that the above mentioned Director Managing director xviii is not associated with the company with effect from (DD/MM/YYYY) xix due to

xx **Interest in other entities**

xxi Number of such entities

xxii *CIN/LLPIN/FCRN/Registration number

xxiii * Name

xxiv * Address

xxv **Nature of interest**

xxvi * Designation

xxvii Percentage of Shareholding xxviii Amount

xxix Others (specify)

1 Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

03311522

Pre-fill

ii Name

ANIL KULBHUSHAN BARAR

iii Father's name

KULBHUSHAN SHADILAL JAIN

iv Present residential address

173 CASABLANCA
CUFFE PARADE COLABA
MUMBAI
Maharashtra
India
400005

v Nationality

IN

vi Date of birth

26/01/1960

vii Gender

Male

viii Appointment Cessation Change in designation

x Date of Appointment or
change in designation

ix Designation

Director

(DD/MM/YYYY)

xi Category

xii Whether Chairman, Executive Director, Non-Executive Director

Chairman Executive director Non Executive Director

xiii DIN of such director to whom appointee is alternate

Pre-fill

xiv Name of the director to whom such
appointee is alternate

xv Name of the company or institution whose nominee the
appointee is

xvi E-mail ID of director

anilbarar@itplgroup.com

xvii In case of cessation

Hereby confirmed that the above mentioned Director Managing director xviii is not associated with the company

with effect from 04/09/2017 (DD/MM/YYYY) xix

due to

Resignation u/s 168

xx **Interest in other entities**

xxi Number of such entities

xxii *CIN/LLPIN/FCRN/Registration number

Pre-fill

xxiii * Name

xxiv * Address

xxv **Nature of interest**

xxvi * Designation

xxvii Percentage of Shareholding

xxviii Amount

xxix Others (specify)

6. Number of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer for which the form is being filed

7. Details of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer of the company

1	i Director Identification Number (DIN), if any	<input type="text"/>	<input type="button" value="Pre-fill"/>
	ii Income Tax permanent account number (PAN)	<input type="text"/>	<input type="button" value="Verify Details"/>
	iii <input type="radio"/> Appointment <input type="radio"/> Cessation		
	iv Membership number of the secretary	<input type="text"/>	
	v First Name	<input type="text"/>	
	vi Middle Name	<input type="text"/>	
	vii Last Name	<input type="text"/>	
	viii Father's name		
	ix First Name	<input type="text"/>	
	x Middle Name	<input type="text"/>	
	xi Last Name	<input type="text"/>	
	xii Present residential address	xiii Line I	<input type="text"/>
		xiv Line II	<input type="text"/>
	xv City	<input type="text"/>	
	xvi State	<input type="text"/>	xvii Pin Code <input type="text"/>
	xviii ISO Country Code	<input type="text"/>	
	xix Country	<input type="text"/>	
	xx Phone	<input type="text"/>	xxi Fax <input type="text"/>
	xxii Date of birth	<input type="text"/>	(DD/MM/YYYY)
	xxiii Designation	<input type="text"/>	
	xxiv Date of Appointment or cessation	<input type="text"/>	(DD/MM/YYYY)
	xxv E-mail ID	<input type="text"/>	

Attachments

List of attachments

(1) Letter of appointment;

Attach

(2) Declaration by first director

Attach

(3) Declaration of the appointee director in Form No. DIR-2;

Attach

(4) Notice of resignation;

Attach

(5) Evidence of cessation;

Attach

(7) Optional attachment(s) - if any.

Attach

- RESOLUTION FOR APPOINTMENT.pdf
- DIR-8.pdf
- DIR-2.pdf
- RESIGNATION LETTER.pdf
- RESOLUTION FOR RESIGNATION.pdf
- MBP-1.pdf
- PAN.pdf
- PASSPORT.pdf
- RESIGNATION LETTER RECEIVING.pdf

Remove attachment

Declaration

I *

A person named in the articles as a of the company
(in case if a new company) or

authorized by the Board of Directors of the Company vide
number 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

* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the 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/certified records maintained by the Company/applicant 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:

- 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 ;
- All the required attachments have been completely and legibly attached to this form;
- It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any found at any stage.

* 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

Modify

Check Form

Prescrutiny

Submit

This eForm has been taken on file maintained by the Registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.

