## Form No. DIR-12

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

[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]



Form language

English	○ Hindi
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Refer instruction kit for filing the form All fields marked in \* are mandatory

Company details		
1 (a) *Corporate IdentityNumber (CIN) of company		U72900MH1995PTC088816
(b) *Name of the company		NELITO SYSTEMS PRIVATE
(c) *Address of the registered office of the compar	ny	205-208, Building No.2, Sector 1,, Millennium Business Park, Mahape, Navi Mumbai,, Thane, Thane, Maharashtra, 400710, India
(d) *E-mail ID of the company		BSAMANT@NELITO.COM
Particulars of Director/KMP		
2 *Number of Managing director or director(s) for w	hich the form is being filed	1
3 Details of the Managing Director or Director of the (a) Purpose of filing the form	ecompany	
Appointment	Cessation	Change in designation
<ul> <li>Appointment due to disqualification of all the existing directors</li> </ul>	<ul> <li>Appointment by liquidator</li> </ul>	
(b) Director Identification Number (DIN)		09703639
(c) Name		MASANORI TAMURA
(d) Father's name		TOKUO TAMURA
(e) Present residential address		2-8-22 KOSUGE

	nality					Japan		
(g) Date of	) Date of birth (DD/MM/YYYY)					10/09/1969		
(h) Gender				Ма	Male			
(i) E-mail ID of director					ma	masa-tamura@dts.co.jp		
	tion lanaging director/Alternate dire irector/Whole-time director)	ector/Additional	director/Director appo	ointed in casual vacanc	// Di	rector		
(k) Date of <i>i</i>	Appointment or change	in designati	ion (DD/MM/YYY	Y)	16	5/06/2023		
(I) Category (Promoter/F	<b>y</b> Professional/Independent/Smal	ll shareholder's c	lirector)		Pr	rofessional		
(m) Whethe	er Chairman, Executive [	Director, Non	n-Executive Direct	tor	□ C	hairman		
					<u> </u>	xecutive Direct	or	
						lon-Executive I	Director	
(n) DIN of s	uch director to whom a	ppointee is a	ılternate					
(o) Name o	f the director to whom s	such appoint	ee is alternate					
the appo	f the company or institu ointee is of cessation, hereby con	firmed that t	·		Director	naging Directo	or is not assoiat	
with the	e company with effect fro	om		(DD/MM/Y)	(YY) due to			
erest in ot	her entities							
(r) Number	of such entities						Others	
(r) Number (	of such entities  CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	(specify)	
	CIN/ LLPIN/ FCRN/	Name	Address	Designation		Amount	(specify)	

(a) Purpose of filing the form	Appointment
	○ Cessation
(b) Director Identification Number (DIN), if any	
(c) Income Tax permanent account number (PAN)	
(d) Membership number of the company secretary	
(e) (i) First Name (Either of applicant's First name or Surname shall be mandatory to enter)	
(ii) Middle Name	
(iii) Last Name (Either of applicant's First name or Surname shall be mandatory to enter)	
(f) Father's name	
(i) First Name (Either of applicant's father's first name or Surname shall be mandatory to enter)	
(ii) Middle Name	
(iii) Last Name (Either of applicant's father's first name or Surname shall be mandatory to enter)	
(g) Present residential address	
Address Line	
Address Line	
Country	
Pin Code/Zip Code	
Area/Locality	
City	
District	
State/UT	

(h) Date of birth (DD/MM/YYYY)				
(i) Designation (Manager/Company Secre	etary/CEO/CFO)			
(j) Date of appointment or cessation	n (DD/MM/YYYY)			
(k) Mobile Number (with Country code) (l) E-mail ID				
				SRN of form INC-28
Attachments				
7 (a) Order from court/NCLT				
(b) Notice of resignation				
(c) Evidence of cessation				
(d) Optional attachments – if any		AGMResolution_changein designation_Nelito.pdf		
Director's Consent and Declaration				
Ι,	hereby give my consent to act as a director of			
name of the company), pursuant to so isqualified to become a director unde	ub-section (5) of section 152 of the companies Act, 201 er the companies Act, 2013.	3 and Certify that I am not		
I declare that I have not been con-	victed of any offense in connection with the promotion en found guilty of any fraud or misfeasance or of any br	9		
I further declare that if appointed companies in which a person can	my total Directorship in all the companies shall not exc be appointed as a Director.	eed the prescribed number of		
	curred disqualification under the Companies Act, 2013 any disqualification from being a director.	in any of the above companies and		
☐ that I, at present, stand free from a	any disqualification from being a director.			

blying for director identification numerity clearance from the Ministry of Hog for director identification number a salification under the Companies Actification from being a director.  By the Board of Directors of the Companies Actification and the rules made thereund	ome Affairs, Government of India under suband the same has been obtained and is  t, 2013 in any of the above companies and  mpany/ by the court or NCLT  (DD/MM/YYYY) to sign this form and der in respect of the subject matter of all the information given herein above is
g for director identification number a salification under the Companies Act fication from being a director.  g  by the Board of Directors of the Companied*  27/04/2022  t, 2013 and the rules made thereund a complied with. I also declare that a	and the same has been obtained and is  t, 2013 in any of the above companies and  mpany/ by the court or NCLT  (DD/MM/YYYY) to sign this form and  der in respect of the subject matter of all the information given herein above is
by the Board of Directors of the Compted* 27/04/2022  t, 2013 and the rules made thereund a complied with. I also declare that a	mpany/ by the court or NCLT  (DD/MM/YYYY) to sign this form and der in respect of the subject matter of all the information given herein above is
by the Board of Directors of the Com ated* 27/04/2022 t, 2013 and the rules made thereund in complied with. I also declare that a	(DD/MM/YYYY) to sign this form and der in respect of the subject matter of all the information given herein above is
t, 2013 and the rules made thereund n complied with. I also declare that a	(DD/MM/YYYY) to sign this form and der in respect of the subject matter of all the information given herein above is
t, 2013 and the rules made thereund n complied with. I also declare that a	(DD/MM/YYYY) to sign this form and der in respect of the subject matter of all the information given herein above is
t, 2013 and the rules made thereund n complied with. I also declare that a	der in respect of the subject matter of all the information given herein above is
n complied with. I also declare that a	all the information given herein above is
ief Financial Officer/Statutory Auditor/Liquidate	Director
DIN or PAN of the manager or CEO of secretary or statutory auditor	or 00019951
es thereunder for the subject matter ncluding attachment(s)] from the ori form and found them to be true, co	is hereby certified that I have gone through or of this form and matters incidental iginal/certified records maintained by the correct and complete and no information the Company and maintained as per the
	orm:
oletely and legibly attached to this fo	,
ed	ed, signed by the required officers of t 113 and were found to be in order

Chartered Accountant (in whole time practice)  Company Secretary (in whole time practice)  Cost Accountant (in whole time practice)  Whether associate or fellow:  Associate Fellow  Membership number  Certificate of practice number 5676  For Office use only:  eForm Service request number (SRN)  eForm filling date (DD/MM/YYYY)  Digital signature of the authorizing officer	To be digitally signed by		
Cost Accountant (in whole time practice)  Whether associate or fellow: Associate Fellow  Membership number  Certificate of practice number  For Office use only: eForm Service request number (SRN)  eForm filing date (DD/MM/YYYY)  Digital signature of the authorizing officer	Category  Chartered Accountant (in whole time practice)		
Whether associate or fellow:  Associate Fellow  Membership number  Certificate of practice number  For Office use only:  eForm Service request number (SRN)  eForm filing date (DD/MM/YYYY)  Digital signature of the authorizing officer	Company Secretary (in whole time practice)		
Associate Fellow  Membership number  Certificate of practice number  For Office use only:  eForm Service request number (SRN)  eForm filling date (DD/MM/YYYY)  Digital signature of the authorizing officer	Cost Accountant (in whole time practice)		
Certificate of practice number  For Office use only:  eForm Service request number (SRN)  eForm filing date (DD/MM/YYYY)  Digital signature of the authorizing officer	Whether associate or fellow:  Associate Fellow		
For Office use only:  eForm Service request number (SRN)  eForm filing date (DD/MM/YYYY)  Digital signature of the authorizing officer	Membership number		
eForm Service request number (SRN)  eForm filing date (DD/MM/YYYY)  Digital signature of the authorizing officer	Certificate of practice number	5676	
eForm filing date (DD/MM/YYYY)  Digital signature of the authorizing officer	For Office use only:		
Digital signature of the authorizing officer	eForm Service request number (SRN)	AA3314179	
	eForm filing date (DD/MM/YYYY)	09/07/2023	
	Digital signature of the authorizing officer		
This eForm is hereby registered	This eForm is hereby registered		
Date of signing (DD/MM/YYYY)	Date of signing (DD/MM/YYYY) OR		
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 company	This eForm has been taken on file maintained by the Registrar of Companies through electron	nic mode and on the basis of	