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

Refer instruction kit for filing the form All fields marked in * are mandatory

All fields marked in * are mandatory		
Company details		
1 (a) *Corporate IdentityNumber (CIN) of company		L74899DL1996PLC078339
(b) *Name of the company		ORIENTAL TRIMEX LIMITED
(c) *Address of the registered office of the company	y	26/25 BAZAR MARG, OLD RAJINDER NAGAR,, NEW DELHI, Delhi, 110060, India
(d) *E-mail ID of the company		info@orientaltrimex.co
Particulars of Director/KMP		
2 *Number of Managing director or director(s) for wh	ich the form is being filed	1
B Details of the Managing Director or Director of the (a) Purpose of filing the form	company	
Appointment	Cessation	○ Change in designation
 Appointment due to disqualification of all the existing directors 	Appointment by liquidator / IRP / RP	
(b) Director Identification Number (DIN)		03393221
(c) Name		JAYANT KUMAR
(d) Father's name		BAIDYA NATH JHA

(e) Present residential address	House No. 1002
	Sector-46 ,Gurgaon
	Sector
	45, Gurgaon, Sector
	-45,122003,Haryana,Ind
	ia
(f) Nationality	India
(g) Date of birth (DD/MM/YYYY)	02/12/1979
	52, 22, 23 15
(h) Gender	Male
(i) E-mail ID of director	iorrantlumanud 1020amai 1
() I main 2 or an octo.	jayantkumarwdl02@gmail .com
(j) Designation	
(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/	Additional Director
Nominee director/Whole-time director)	
(k) Date of Appointment or change in designation (DD/MM/YYYY)	03/09/2023
(I) Category	Independent
(Promoter/Professional/Independent/Small shareholder's director)	
(m) Whether Chairman, Executive Director, Non-Executive Director	Chairman
(III) Whether chairman, Executive Director, Non-Executive Director	Chairman
	Executive Director
	✓ Non-Executive Director
(n) DIN of such director to whom appointee is alternate	
(o) Name of the director to whom such appointee is alternate	
(o) Name of the director to whom such appointee is afternate	
(p) Name of the company or institution whose authorized representative or nominee	
the appointee is	
(a) In case of acception, hereby confirmed that the above	Managing Director is not associated
(q) In case of cessation, hereby confirmed that the above-	Managing Director is not assoiated
with the company with effect from (DD/MM/YYYY) du	e to
with the company with effect from	
Interest in other entities	
interest in other entities	
(r) Number of such entities	1
() Hambor of such changes	
••	ı

	U01400HR2011PTC0 42474	ROCKCRYSTAL LIVESTOCK & FARMS PRIVATE LIMITED	Deep Plaza Complex Opposite District Court Gurgaon Haryana	Director				
	per of manager(s), secretal the form is being filed	ry(s), Chief financia	l Officer or Chief E	Executive Officer fo	or	0		
5 Details	s of manager(s), secretary(s), Chief financial C	officer or Chief Exe	ecutive Officer of th	ne compan	у		
(a) Pu	rpose of filing the form					○ Appoin	tment	
						○ Cessati	on	
(b) Dir	rector Identification Numb	per (DIN), if any						
(c) Inc	come Tax permanent acco	unt number (PAN)						
(d) Me	embership number of the	company secretary	/					
(e) (i)	First Name (Either of applica	nnt's First name or Sur	name shall be mand	atory to enter)				
(ii)	Middle Name							
(iii)	Last Name (Either of applica	nnt's First name or Sur	name shall be mand	atory to enter)				
(f) Fat	her's name							
(i) F	irst Name (Either of applicar	nt's father's first name	or Surname shall be	mandatory to enter)				
(ii) N	Middle Name							
(iii)	Last Name (Either of applica	nnt's father's first name	e or Surname shall b	e mandatory to enter,)			
(g) Pre	esent residential address							
Ado	dress Line							
Ado	dress Line							
Cou	untry							
Pin	Code/Zip Code							

CIN/ LLPIN/ FCRN/

Registration number

Name

Address

Unit No. 9,

S. No.

Percentage of Shareholding

Designation

Others

(specify)

Amount

Area/Locality			
City			
District			
State/UT			
(h) Date of birth (DD/MM/YYYY)			
(i) Designation (Manager/Company Secretary/CEO/CFO)			
(j) Date of appointment or cessation (DD/MM/YYYY)			
(k) Mobile Number (with Country code)			
(I) E-mail ID			
6 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	DIR 2 Jayant Kumarpdf Resoluition of Jayant Kumar.pdf		
Director's Consent and Declaration			
I, JAYANT KUMAR hereby give my consent to act as a director of	ORIENTAL TRIMEX LIMITED		
(name of the company), pursuant to sub-section (5) of section 152 of the companies Act, 2013 a disqualified to become a director under the companies Act, 2013.	and Certify that I am not		
I declare that I have not been convicted of any offense in connection with the promotion, for company or LLP and have not been found guilty of any fraud or misfeasance or of any breathis Act or any previous company law in the last five year.			
I further declare that if appointed my total Directorship in all the companies shall not excee companies in which a person can be appointed as a Director.	d the prescribed number of		
I further declare that I have not incurred disqualification under the Companies Act, 2013 in any of the above companies and that I, at present, stand free from any disqualification from being a director.			

√	I also declare that:				
			ity clearance from the Ministry of for director identification number		ffairs, Government of India under
		3	earance from the Ministry of Hom director identification number an		s, Government of India under sub- me has been obtained and is
То	be digitally signed by the Dir	ector/ Managing			
De	claration				
 *	Rajesh Punia	authorized by th	e Board of Directors of the Comp	any/ by	the court or NCLT
	9	number dated*	04/09/2020	(DD/ľ	MM/YYYY) to sign this form and
this tru	s form and matters incidental th	nereto have been con	13 and the rules made thereunder nplied with. I also declare that all to to this form and nothing material	the infor	mation given herein above is
	esignation ector/Manager/Company Secretary/Chie	ef executive officer/Chief Fina	ancial Officer/Statutory Auditor/Liquidator)		Director
	irector identification number of O or liquidator; or Membership		or PAN of the manager or CEO or cary or statutory auditor		00010289
l de the the Cor ma	e provisions of the Companies A ereto and I have verified the abo mpany/applicant which is subje terial to this form has been sup rther certify that:	gaged for the purpose act, 2013 and Rules th ove particulars [include ect matter of this form pressed.	e of certification of this form. It is hereunder for the subject matter outling attachment(s)] from the originand found them to be true, corresponded by the required officers of the diwere found to be in order	of this for nal/certi ect and c	rm and matters incidental ified records maintained by the complete and no information
√	All the required attachments	have been completel	y and legibly attached to this forn	n;	
√		liable for action unde	er Section 448 of The Companies a	Act, 2013	3 for wrong certification, if any

To be digitally signed by			
Category			
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	20780		
For Office use only:			
eForm Service request number (SRN)	AA5889321		
eForm filing date (DD/MM/YYYY)	07/11/2023		
Digital signature of the authorizing officer			
This eForm is hereby registered			
Date of signing (DD/MM/YYYY) OR			
This eForm has been taken on file maintained by the Registrar of Companies through electror statement of correctness given by the company	ic mode and on the basis of		