

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) * Corporate Identity Number (CIN) of company

L17115HR1993PLC032092

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

UNITED TEXTILES LIMITED

(b) Address of the registered office of the company

7TH K.M. STONE
BARWALA ROAD
HISSAR HARYANA
Haryana
125001
India

(c) E-mail ID of the company

UNITED_TEXTILESLTD@GMAIL.COM

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

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

Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

Pre-fill

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

(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

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

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" value="APEPJ6117N"/>	<input type="button" value="Verify Details"/>
	iii <input checked="" type="radio"/> Appointment <input type="radio"/> Cessation		
	iv Membership number of the secretary	<input type="text" value="45201"/>	
	v First Name	<input type="text" value="POOJA"/>	
	vi Middle Name	<input type="text"/>	
	vii Last Name	<input type="text" value="JAIN"/>	
	viii Father's name		
	ix First Name	<input type="text" value="SHYAM"/>	
	x Middle Name	<input type="text" value="SUNDER"/>	
	xi Last Name	<input type="text" value="JAIN"/>	
	xii Present residential address	xiii Line I	<input type="text" value="113,PREM NAGAR"/>
		xiv Line II	<input type="text" value="HISAR"/>
	xv City	<input type="text" value="HISAR"/>	
	xvi State	<input type="text" value="Haryana-HR"/>	xvii Pin Code <input type="text" value="125001"/>
	xviii ISO Country Code	<input type="text" value="IN"/>	
	xix Country	<input type="text" value="INDIA"/>	
	xx Phone	<input type="text" value="9729092505"/>	xxi Fax <input type="text"/>
	xxii Date of birth	<input type="text" value="16/09/1992"/>	(DD/MM/YYYY)
	xxiii Designation	<input type="text" value="Secretary"/>	
	xxiv Date of Appointment or cessation	<input type="text" value="20/11/2018"/>	(DD/MM/YYYY)
	xxv E-mail ID	<input type="text" value="cspooja16@gmail.com"/>	

Attachments

List of attachments

- (1) Declaration by first director
- (2) Declaration of the appointee director in Form No. DIR-2;
- (3) Notice of resignation;
- (4) Evidence of cessation;
- (6) Optional attachment(s) - if any.

Attach

Attach

Attach

Attach

Attach

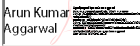
Remove attachment

Declaration

I * ARUN KUMAR AGARWAL

- 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.



MINISTRY OF CORPORATE AFFAIRS**RECEIPT****G.A.R. 7****SRN :** H45108065**Service Request Date :** 18/02/2019**Payment made into :** State Bank of India**Received From :**

Name : ANIL KUMAR JAIN
Address : 64, PRITI NAGAR
BEHIND ADC KOTHI
HISAR, Haryana
India - 125001

Entity on whose behalf money is paid

CIN: L17115HR1993PLC032092
Name : UNITED TEXTILES LIMITED
Address : 7TH K.M. STONE
BARWALA ROAD
HISSAR HARYANA, Haryana
India - 125001

Full Particulars of Remittance**Service Type:** eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form DIR-12	Normal	600.00
	Additional	2400.00
	Total	3000.00

Mode of Payment: Internet Banking - State Bank of India**Received Payment Rupees:** Three Thousand Only

Note –The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar , then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 10 of the Companies (Registration offices offices and Fees) Rules, 2014)