



SHAH FOODS LIMITED

Corporate Office :

"SARAYU"

16/1, Kalyan Society,

Near Nagri Hospital, Mithakhali,

Ellisbridge, Ahmedabad-380 006. INDIA

Telefax : 91-79-26420273

91-79-26448371

Mobile : 91-99040 03700

E-mail : shahfoods.ahmedabad@gmail.com

CIN - L15419GJ1982PLC005071

Date : 01/03/2018

To

Manager-Listing,

Bombay Stock Exchange,

Phiroze Jeejeebhoy Towers,

Dalal Street,

Mumbai - 400 001.

Dear Sir/Madam,

Sub : Intimation of Appointment of Mr. Kunal Asarpota due to casual vacancy and Resignation of Mr. Bhupendra Parikh due to death.

Pursuant to Regulation 30 of SEBI (LODR) Regulations, 2015 and due to casual vacancy occurred due to death of Mr. Bhupendra Parikh, Non-Executive Independent Director on 21st day of December, 2017; we wish to inform you that the Board of Directors vide its resolution dated 09th day of February, 2018 have approved the following:

We wish to inform you that pursuant to Regulation 30 of the SEBI (LODR) Regulations, 2015 and due to casual vacancy, the Board of Directors of the Company, at its meeting held on 09/02/2018, has appointed Mr. Kunal Asarpota as Independent Director, Non-Executive Directors on the Board.

Form DIR-12 filled with Registrar of Companies is attached herewith.

Thanking You.

Yours Faithfully,

For Shah Foods Limited

Managing Director

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

L15419GJ1982PLC005071

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

SHAH FOODS LIMITED

(b) Address of the registered office of the company

CHHATRAL, KALOL-MEHSANA HIGHWAY,
TALUKA KALOL
GANDHINAGAR
Gujarat
382729
India

(c) E-mail ID of the company

pinakincs@yahoo.com

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

1

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)

06779773

Pre-fill

ii Name

KUNAL RAJESH ASARPOTA

iii Father's name

RAJESH MORLIDHAR ASARPOTA

iv Present residential address

C/3, EMBASSY APTS
DR V S ROAD, AMBAWADI
AHMEDABAD
Gujarat
India
380015

v Nationality

IN

vi Date of birth

24/07/1979

vii Gender

Male

viii Appointment Cessation Change in designation

x Date of Appointment or
change in designation

09/02/2018

ix Designation

Director

(DD/MM/YYYY)

xi Category

Independent

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

kunal@kensville.co.in

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

0

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) Declaration by first director

Attach

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

Attach

(3) Notice of resignation;

Attach

(4) Evidence of cessation;

Attach

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

Attach

DIR-2 of Kunal Asarpota.pdf
Appointment of Director for Kunal Asarpota.p
Declaration of Independence of Kunal Asarp

Remove attachment

Declaration

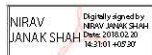
I * NIRAV JANAK SHAH

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

* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the secretary 01880069

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 2562

Certificate of Practice Number 2932

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.



0569647



મરણનું પ્રમાણ પત્ર

CERTIFICATE OF DEATH

ગુજરાત સરકાર

GOVERNMENT OF GUJARAT
જાહેર આરોગ્ય ખાતુ
Department of Health



ખરી નકલ Certified Copy
નમુનો ક્રમાંક-૬
Form No. 6 (See Rule 8/13)

કિંમત રૂ. ૫૦
Fee Rs. 50

(જન્મ અને મરણ નોંધણી અધિનિયમ ૧૯૬૯ ની કલમ ૧૨/૧૭ મુજબ અને ગુજરાત જન્મ અને મરણ નોંધણી નિયમો, ૨૦૦૪ના નિયમ - ૮ મુજબ)
(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 & under section 8 of Gujarat Births & Deaths Registration Rules, 2004)

અમદાવાદ મ્યુનિસિપલ કોર્પોરેશન

Amdavad Municipal Corporation

આથી પ્રમાણપત્ર આપવામાં આવે છે કે નીચેની માહિતી મરણના મુળ રેકોર્ડમાંથી લેવામાં આવી છે જે ગુજરાત રાજ્યના અમદાવાદ શહેરના રજીસ્ટરમાં નોંધાયેલ છે.

This is to certify that the following information has been taken from the original record of Death at Amdavad City of Gujarat State.

ઝોન/ Zone	પશ્ચિમ/WEST	વોર્ડ/ Ward	નારણપુરા/NARANPURA
માર્ગ/ Month	જાન્યુઆરી/January	સને/ of	2018
(૧) નામ Name	:	ભુપેન્દ્ર BHUPENDRA	
(૨) જાતિ Sex	:	પુરુષ MALE	
(૩) મરણની તારીખ Date of Death	:	21/12/2017	
(૪) મરણ સ્થળ Place of Death	:	ઘર HOME	
(૫) પિતા / માતા / પતિનું નામ Name of Father / Mother / Husband	:	દ્વારકાદાસ પરીખ DWARKADAS PARIKH	
(૬) મરનારના મૃત્યુ સમયનું સરનામું Address of deceased at the time of Death	:	૨૮, સરદાર પટેલ કોલોની નવજીવન પોસ્ટ, નારણપુરા, અમદાવાદ 28, SARDAR PATEL COLONY NAVJIVAN POST, NARANPURA, AHMEDABAD	
(૭) મરનારનું કાયમી સરનામું Permanent Address of deceased	:	૨૮, સરદાર પટેલ કોલોની નવજીવન પોસ્ટ, નારણપુરા, અમદાવાદ 28, SARDAR PATEL COLONY NAVJIVAN POST, NARANPURA, AHMEDABAD	
(૮) નોંધણી ક્રમાંક Registration No	:	2018-DW-0012-0000016	
(૯) નોંધણી ની તારીખ Date of Registration	:	04/01/2018	
(૧૦) રીમાર્ક્સ/ Remarks	:		

FALGUNI

નકલ બનાવનારની સહી
Prepared By

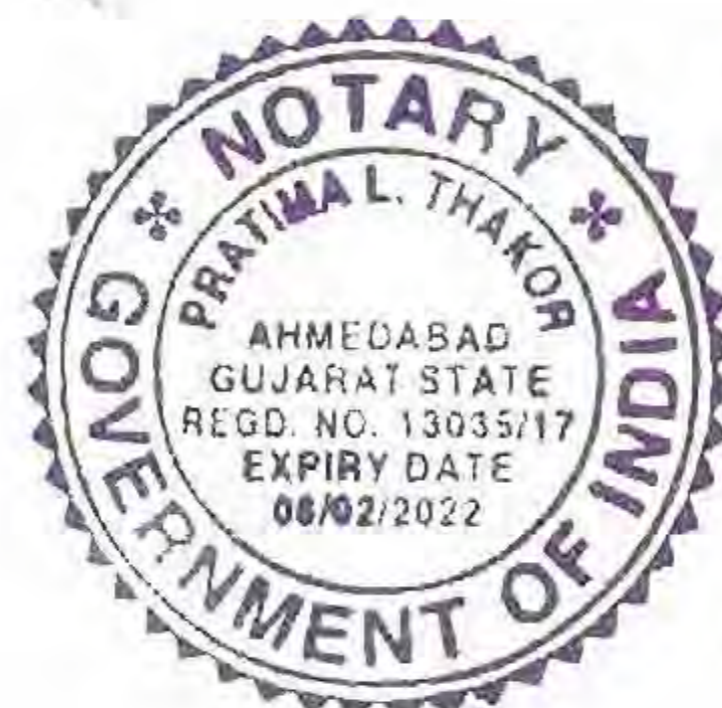


મુકાબલ કરનારની સહી
Checked By

USMANPURA-CCC
17/01/2018

DR. DIVYANG OZA
સત્તાધિકારીની સહી

Signature of issuing authority
આરોગ્ય ખાતુ (જન્મ મરણ વિભાગ)
Department of Health (Births & Deaths)
અમદાવાદ મ્યુનિસિપલ કોર્પોરેશન
Amdavad Municipal Corporation



TRUE COPY

PRATIMA L. THAKOR
NOTARY
GOVT. OF INDIA