

# 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

U74140KA2004PTC035313

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

OSB INDIA PRIVATE LIMITED

(b) Address of the registered office of the company

Salarpuria Magnificia, 9th and 10th Floor  
#78, Old Madras Road  
Bangalore  
Bangalore  
Karnataka  
560016

(c) E-mail ID of the company

mohamed.amanullah@osb-india.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)

07546488

Pre-fill

ii Name

RICHARD MICHAEL JAMES DAVIS

iii Father's name

JOHN NORMAN DAVIS

iv Present residential address

117, Verulam Road  
St. Albans  
Herts  
United Kingdom  
AL34DL

v Nationality

GB

vi Date of birth

18/11/1966

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

Richard.Davis@osb.co.uk

xvii In case of cessation

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

with effect from 21/12/2020 (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 <b>Father's name</b>		
	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
- (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

R Davis OSBI Directorship Resignation Letter Acceptance of Resignation\_Richard.pdf


Remove attachment

**Declaration**

I \* Irfanulla Khan

- 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 14/12/2020

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 06631235

**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 203455

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.**



