## 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

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

All fields marked in a fe mandatory			
Company details			
1 (a) *Corporate IdentityNumber (CIN) of company		U74999UP2021PTC154045	
(b) *Name of the company	RBS MANPOWER SOLUTIONS PRIVATE LIMITED  C-116, Sahni Tower, Commercial Complex Sector-5, Rajender Nagar, Sahibabad, Ghaziabad, Uttar Pradesh, 201005, India		
(c) *Address of the registered office of the compan			
(d) *E-mail ID of the company	monisinghrbs@gmail.com		
Particulars of Director/KMP			
2 *Number of Managing director or director(s) for wh	1		
3 Details of the Managing Director or Director of the (a) Purpose of filing the form	company		
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)		09794450	
(c) Name		JENEFFER JOSAN	
(d) Father's name		Bhagwant Josan Singh	

		esidential address				G S: G.	o. B-122, F -2, NEAR SM HALIMAR ARDEN,EXTN- AHIBABAD	WORLD,
(f) Natio	onality	У				I	ndia	
(g) Date	e of bi	rth (DD/MM/YYYY)				2	6/03/1984	
(h) Gend	der					F	emale	
(i) E-ma	iil ID c	of director				j	enefferitbs	@gmail.com
	tor/Mar	on naging director/Alternate direc ctor/Whole-time director)	ctor/Additional dii	rector/Director app	ointed in casual vacand	cy/	dditional D	irector
(k) Date	e of Ap	opointment or change	in designatio	n (DD/MM/YY)	Y)	0	1/06/2023	
(I) Cateo		ofessional/Independent/Small	shareholder's dire	ector)		P	rofessional	
		Chairman, Executive D			ctor		Chairman	
						<b>✓</b> E	Executive Direct	or
							Non-Executive [	Director
(n) DIN	of suc	ch director to whom ap	pointee is alt	ernate				
(o) Nam	ne of t	he director to whom s	uch appointe	e is alternate				
		the company or institut ntee is	ion whose au	thorized repre	sentative or nomi	nee		
(q) In ca	ase of	cessation, hereby conf	irmed that th	e above-	0	Director	anaging Directo	r is not assoiated
with	the c	ompany with effect fro	om		(DD/MM/Y	YYY) due to		
terest ir	n oth	er entities						
(r) Numb	ber of	such entities				1		
S. N	No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)

	U74999UP2022PT C17353	INTERACT IVE TECHNOLO GY BUSINESS SERVICES PRIVATE LIMITED	6/H 18 Sector 5 Rajender Nagar Near Miraj Cinema Ghaziabad Uttar Pradesh	DIRECTOR			
	mber of manager(s), secretary(s) ch the form is being filed	, Chief financial	Officer or Chief	Executive Office	er for	0	
5 Deta	ils of manager(s), secretary(s), C	hief financial O	fficer or Chief Ex	cecutive Officer	of the compa	nny	
(a) I	Purpose of filing the form					○ Appointm	nent
						Cessation	
(b)	Director Identification Number (	DIN), if any			[		
(c) I	ncome Tax permanent account	number (PAN)			[		
(d)	(d) Membership number of the company secretary						
(e)	(i) First Name (Either of applicant's l	First name or Surr	name shall be man	datory to enter)			
(	(ii) Middle Name						
(i	ii) Last Name (Either of applicant's I	First name or Surr	name shall be man	datory to enter)			
(f) F	ather's name						
(i	) First Name (Either of applicant's fa	ather's first name (	or Surname shall b	e mandatory to en	ter)		
(i	(ii) Middle Name						
(i	(iii) Last Name (Either of applicant's father's first name or Surname shall be mandatory to enter)						
(g)	(g) Present residential address						
А	Address Line						
А	Address Line						
С	ountry						
Р	in Code/Zip Code						
А	Area/Locality						

City		
District		,
State/UT		
(h) Date of birth (DD/MM/YYYY)		
(i) Designation (Manager/Company Section )	retary/CEO/CFO)	
(j) Date of appointment or cessation		
(k) Mobile Number (with Country o		
(I) E-mail ID		
SRN of form INC-28		
Attachments		
7 (a) Order from court/NCLT		
(b) Notice of resignation		
(A) F. Marian of a control		
(c) Evidence of cessation		
(d) Optional attachments – if any	JENEFFER APPOINTMENT DOCUMENTS.pdf	
Director's Consent and Declaration	1	
, JENEFFER JOSAN	RBS MANPOWER SOLUTIONS PRIVATE LIMITED	
name of the company), pursuant to lisqualified to become a director und	sub-section (5) of section 152 of the companies Act, 201 der the companies Act, 2013.	3 and Certify that I am not
	nvicted of any offense in connection with the promotion een found guilty of any fraud or misfeasance or of any br y law in the last five year.	
I further declare that if appointed	d my total Directorship in all the companies shall not exc	eed the prescribed number of
companies in which a person car	n be appointed as a Director.	

√ I also declar	re that:				
•	· · · · · · · · · · · · · · · · · · ·		rity clearance from the N g for director identificat	_	ome Affairs, Government of India under or
0				-	Affairs, Government of India under sub- he same has been obtained and is
		•	cation under the Compa on from being a directo		3 in any of the above companies and
o be digitally s	signed by the Direc	tor/ Managing			
eclaration					L
RAKUMAR		authorized by th	ne Board of Directors of	the Company	y/ by the court or NCLT
05		number dateď	01/06/2023		(DD/MM/YYYY) to sign this form and
o be digitally  Designation		vacutiva officar/Chiaf Fir	ancial Officer/Statutory Audito	or/Liquidator)	Director
Director identif	ication number of th	ne director; or DIN	or PAN of the manager tary or statutory audito	or CEO or	09754416
declare that I have provisions of lereto and I have pmpany/applic	the Companies Act we verified the above ant which is subject orm has been suppr	ged for the purpos , 2013 and Rules the particulars [includer matter of this forr	nereunder for the subject ding attachment(s)] fror	ct matter of th m the original	eby certified that I have gone through his form and matters incidental I/certified records maintained by the and complete and no information
The said reco	ords have been prop visions of the Comp	perly prepared, signanies Act, 2013 an	ned by the required offi d were found to be in o	icers of the Co rder	ompany and maintained as per the
All the requi	ired attachments ha	ve been complete	y and legibly attached	to this form;	
It is understo		able for action und	er Section 448 of The Co	ompanies Act	t, 2013 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	15745
For Office use only:	
eForm Service request number (SRN)	AA2841774
eForm filing date (DD/MM/YYYY)	09/06/2023
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	nic mode and on the basis of