

FORM 32

Particulars of appointment of Managing Director, directors, manager and secretary and the changes among them or consent of candidate to act as a Managing Director or director or manager or secretary of a company and/ or undertaking to take and pay for qualification shares

[Pursuant to sections 303(2), 264(2) or 266(1)(a) and 266(1)(b)(iii) of the Companies Act, 1956]

Form Language English I H N D I

Note - All fields marked in * are to be mandatorily filled.

1. *This form is for New company Existing company

2. (a) *Form 1A reference number (Service request number (SRN) of Form 1A) or corporate identity number (CIN) of company

L67120DL1983PLC016711

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

SHUBHRA LEASING FINANCE AND INVESTMENT COMPANY LTD

(b) Address of the registered office of the company

405A
PRABHAT KIRAN BUILDING-17, RAJENDRA PLACE
NEW DELHI
Delhi
INDIA
110008

(c) e-mail ID of the company

roc.shubhra@gmail.com

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

1

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

I Details of the Managing Director or director of the company

Director identification number (DIN)

00408251

Pre-fill

Name

NARAYAN JHA

Father's name

HARE JHA KRISHAN

Present residential address

1626/33, NAIWALA
KAROL BAGH
DELHI
Delhi
India 110005

Nationality

IN

Date of birth

15/12/1978

Appointment Cessation Change in designation

Designation

Director

Date of appointment or change in designation

Category

(DD/MM/YYYY)

Whether chairman, executive director, non-executive director

Chairman Executive director Non-executive director

DIN of the director to whom the appointee is alternate

Pre-fill

Name of the director to whom the appointee is alternate

Name of the company or institution whose nominee the appointee is

e-mail ID of director

CASURAJGARG@GMAIL.COM

In case of cessation

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

with effect from 03/02/2014

(DD/MM/YYYY) due to

Resignation

6. Number of manager(s), secretary(s) for which the form is being filed

7. Details of the manager or secretary of the company

 Details of the manager or secretary of the company		
Income-tax permanent account number (PAN)	<input type="text"/>	<input type="radio"/> Appointment <input type="radio"/> Cessation
Whether the secretary is a member of ICSI	<input type="radio"/> Yes <input type="radio"/> No	
Whether associate or fellow	<input type="radio"/> Associate <input type="radio"/> Fellow	
Membership number of the secretary	<input type="text"/>	
First name	<input type="text"/>	
Middle name	<input type="text"/>	
Last name	<input type="text"/>	
Father's name		
First name	<input type="text"/>	
Middle name	<input type="text"/>	
Last name	<input type="text"/>	
Present residential address	Line I	<input type="text"/>
	Line II	<input type="text"/>
City	<input type="text"/>	
State	<input type="text"/>	Pin code <input type="text"/>
ISO country code	<input type="text"/>	
Country	<input type="text"/>	
Phone	<input type="text"/>	Fax <input type="text"/>
Date of birth	<input type="text"/>	(DD/MM/YYYY)
Designation	<input type="text"/>	
Date of appointment or cessation	<input type="text"/>	(DD/MM/YYYY)
e-mail ID of manager or secretary	<input type="text"/>	

8. Whether the form is being filed for Managing Director, director(s) who ceased to be associated with the company on or before 31st October, 2006 and do not have DIN (refer instruction kit for details) Yes No

Verification I

1. *I confirm that the information given above is true to the best of my knowledge and belief.
2. It is hereby confirmed that the appointed director(s) whose particulars are given above, has given a declaration in writing to the company that he/ she is not restrained/ disqualified/ removed of, for being appointed as director of a company under the provisions of the Companies Act, 1956 including sections 203, 274 and 388E of the said Act.
3. It is also hereby confirmed that the consent of the appointee Managing Director, director(s) has been filed as an attachment to this eForm (applicable only in the case of a public company)
4. It is also confirmed that the appointed director(s) whose particulars are given above, has given a declaration to the company that he/ she has not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court.

Attachments:

1. Evidence of payment of stamp duty where qualification shares is involved (This will be mandatory only if the director giving consent agrees to pay for at least one share)
2. Consent(s) of the appointee Managing Director, director(s)
3. Declaration regarding qualification shares
4. Evidence of cessation
5. Optional attachment(s) - if any
- List of attachments
- resg narayan jha.pdf
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Verification II

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

- I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this form.
- I am authorised to sign and submit this form.

To be digitally signed by

Managing Director or director or manager or secretary of the company
(In case of an existing company, person signing the form should be different from the person in whose respect the form is being filed)



* Designation

* DIN of the director or Managing Director; or

Income-tax PAN of the manager; or

Membership number, if applicable or income-tax PAN of the secretary

(secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars(including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- 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 or certificate of practice number

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.