

MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R. 7

SRN : H56390792

Service Request Date : 25/04/2019

Payment made into : HDFC Bank

Received From :

Name : CHANDRA SEKHAR BAID

Address : 16

ROUND TANK LANE

HOWRAH, West Bengal

India - 711101

Entity on whose behalf money is paid

CIN: L18209WB1994PLC062173

Name : ORCHID SECURITIES LTD

Address : 36 A BENTINCK STREET

KOLKATA, West Bengal

India - 700069

Full Particulars of Remittance

Service Type: eFiling

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

Mode of Payment: Internet Banking - HDFC Bank

Received Payment Rupees: Six Hundred 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)

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

L18209WB1994PLC062173

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

ORCHID SECURITIES LTD

(b) Address of the registered office of the company

36 A BENTINCK STREET
KOLKATA
West Bengal
700069
India

(c) E-mail ID of the company

orchidsecurities_ltd@yahoo.co.in

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)

01173116

Pre-fill

ii Name

SUSANTA BANERJEE

iii Father's name

SUDHIR BANERJEE

iv Present residential address

57,Durga Charan Road
Intally
Kolkata
West Bengal
India
700014

v Nationality

IN

vi Date of birth

13/03/1947

vii Gender

Male

viii ☐ Appointment ☒ Cessation ☐ Change in designation

ix Designation

Director

x Date of Appointment or
change in 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
sushantobanerjee1303@gmail.com

xvii In case of cessation

Hereby confirmed that the above mentioned ☒ Director ☐ Managing director xviii is not associated with the company
with effect from 05/04/2019 (DD/MM/YYYY) xix due to Death

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	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
- (2) Declaration of the appointee director in Form No. DIR-2;
- (3) Notice of resignation;
- (4) Evidence of cessation;

Attach

Attach

Attach

Attach

Attach

DEATH CERTIFICATE.pdf

Remove attachment

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

Declaration

I * BABOO LAL BIRMECHA

☐ 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

1

number dated 24/04/2019

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

BABOO LAL
BIRMECHA

* 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

00750317

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

NILESH
KUMAR
DAGA

☒ 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

059304

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.