

# 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

U51909MH2010PTC266322

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

LAABLUE LIFESPACE PRIVATE LIMITED

(b) Address of the registered office of the company

315, TRIMURTI CHS, GULAB NGR, JAIHIND CHS LTD  
KHAR DANDA KHAR WEST  
MUMBAI  
Mumbai City  
Maharashtra  
400052

(c) E-mail ID of the company

laabluelifespac Pvt Ltd@gmail.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)

03410121

Pre-fill

ii Name

PANKAJ KUMAR

iii Father's name

RAMDEO PANDEY

iv Present residential address

424/B ROAD NO 6  
ASHOK NAGAR RANCHI  
RANCHI  
Jharkhand  
India  
834002

v Nationality

IN

vi Date of birth

05/05/1983

vii Gender

Male

viii  Appointment  Cessation  Change in designation

x Date of Appointment or  
change in designation

29/03/2022

ix Designation

Director

(DD/MM/YYYY)

xi Category

Promoter

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

pankaj.iimm@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  (DD/MM/YYYY) xix due to

xx **Interest in other entities**

xxi Number of such entities

10

xxii \*CIN/LLPIN/FCRN/Registration number

U70109WB1986PLC039972

Pre-fill

xxiii \* Name

KAUSHAL ENGINEERING LIMITED

xxiv \* Address

BL-F, BHARAT COOPERATIVE HOUSING SOCIETY  
SANKRAIL, LP-SN-1/7/1/0  
HOWRAH  
Howrah  
West Bengal  
711313

xxv **Nature of interest**

xxvi \* Designation

DIRECTOR

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;
- (5) Interest in other entities;
- (6) Optional attachment(s) - if any.

PANKAJ KUMAR.pdf

DIR-2.pdf

BOARD RESOLUTION.pdf

**Declaration**

I \*

- 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 identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the secretary

**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

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.**



