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

English

○ Hindi

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

Company details		
1 (a) *Corporate Identity Number (CIN) of company		U72300DL2006FTC151472
(b) *Name of the company		NEC CORPORATION INDIA PRIVATE LIMITED
(c) *Address of the registered office of the company		A-31, 1st Floor,
		Lajpat Nagar Part-II, New Delhi, South Delhi, Delhi, India110024
(d) *E-mail ID of the company		****dia.nec.com
Particulars of Director/KMP		
2 *Number of Managing director or director(s) for which	ch the form is being filed	1
3 Details of the Managing Director or Director of the co	ompany	
Appointment	Cessation	Change in designation
 Appointment due to disqualification of all the existing directors 	Appointment by liquidate	tor / IRP / RP
(b) Director Identification Number (DIN)		*****57
(c) Name		KEN SUGATA
(d) Father's name		*****HI ****A
(e) Present residential address		**** ,NA,Yokohama

Kanagawa, NA, Japan, 2270

038

(f) Na	atior	nality					Japan	
(g) D	ate d	of birth (DD/MM/YYYY)				Γ	10/03/19	064
(h) G	end	er					Male	
(i) E-ı	mail	ID of director					*****ata	a.sx@nec.com
(Dir	rector	nation /Managing director/Alterna e director/Whole-time director		director/Director appo	ointed in casual vacc	ancy/	Director	
(k) D	ate d	of Appointment or chai	nge in designation	(DD/MM/YYYY)				
(I) Ca		Dry er/Professional/Independent	/Small shareholder's di	irector)				
(m) V	Whe	ther Chairman, Executi	ve Director, Non-E	xecutive Director			Chairman	
							Executive	Director
] Non-Exec	utive Director
(n) D	(n) DIN of such director to whom appointee is alternate							
(o) N	ame	of the director to who	m such appointee	is alternate				
		of the company or insopointee is	titution whose aut	chorized represen	tative or nomin	ee		
(q) In	ı cas	e of cessation, hereby	confirmed that the	e above-mentione	ed	Director O	Managing D	Pirector is not associated
w	ith t	he company with effec	t from 18/06/2	2024	(DD/MM/	YYYY) due to	Resign	ation u/s 168
Inte	erest	in other entities						
(r	·) Nu	mber of such entities					0	
S.	No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)
		er of manager(s), secre he form is being filed	tary(s), Chief finan	cial Officer or Chi	ef Executive Of	ficer for	0	
		_	u(s) Chieffines -:-	J Officer or Chi-f	Evenutive Offi	or of the same		
5 Deta	aiis c	of manager(s), secretar	y(s), Chief financia	ii Officer or Chief	Executive Office	er of the compa	any	

(a) Purpose of filing the form	○ Appointment
	Cessation
(b) Director Identification Number (DIN), if any	
(c) Income Tax permanent account number (PAN)	
(d) Membership number of the company secretary	
(e) (i) First Name (Either of applicant's First name or Surname shall be mandatory to enter)	
(ii) Middle Name	
(iii) Last Name (Either of applicant's First name or Surname shall be mandatory to enter)	
(f) Father's name	
(i) First Name (Either of applicant's father's first name or Surname shall be mandatory to enter	
(ii) Middle Name	
(iii) Last Name (Either of applicant's father's first name or Surname shall be mandatory to ente	
(g) Present residential address	
Address Line 1	
Address Line 2	
Country	
Pin Code/Zip Code	
Area/Locality	
City	
District	
State/UT	

Resignation Letter_KenSugata(signe d).pdf
CTC - Resignation of Sugata San%%.pdf
Recieving Resignation Letter_KenSugata(signe d).pdf
13 and Certify that I am not disqualified
n, formation or management of any
reach of duty to any company under this
reach of duty to any company under this ceed the prescribed number of companies
ceed the prescribed number of companies
ceed the prescribed number of companies
ceed the prescribed number of companies

☐ I also declare that:		
	d to obtain the security clearance from the Ministry of lle 10 before applying for director identification numbe	
	obtain the security clearance from the Ministry of Hom O before applying for director identification number and	
be digitally signed by the Directo	r/ Managing Director	
laration		
Mayank Khandelwal	authorized by the Board of Directors of the Compan	y/ by the court or NCLT vide*
12	number dated* 28/01/2022	(DD/MM/YYYY) to sign this form and
Designation irector/Manager/Company Secretary/Chief	executive officer/Chief Financial Officer/Statutory Auditor/Liquidator,	Director
irector/Manager/Company Secretary/Chief	executive officer/Chief Financial Officer/Statutory Auditor/Liquidator,	Director
FO or liquidator; or Membership no	umber of the secretary or statutory auditor	
e provisions of the Companies Act, and I have verified the above particu	ed for the purpose of certification of this form. It is here 2013 and Rules thereunder for the subject matter of the lars [including attachment(s)] from the original/certified matter of this form and found them to be true, correct	his form and matters incidental thereto d records maintained by the
- 1 ·1 1 1		
	perly prepared, signed by the required officers of the Co anies Act, 2013 and were found to be in order	ompany and maintained as per the
relevant provisions of the Comp.		ompany and maintained as per the
relevant provisions of the Comp. All the required attachments ha	anies Act, 2013 and were found to be in order	
relevant provisions of the Comp. All the required attachments ha It is understood that I shall be lia	anies Act, 2013 and were found to be in order ve been completely and legibly attached to this form;	

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	26612
For Office use only:	
eForm Service request number (SRN)	AA8635442
eForm filing date (DD/MM/YYYY)	20/06/2024
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 Compof correctness given by the company	panies through electronic mode and on the basis of statement