Form No. DIR-12		Form language
Particulars of appointment of directors and the key managerial personnel and the changes among	them	English
[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]	सत्यमेव जयते	
Refer instruction kit for filing the form All fields marked in * are mandatory		
Company details		
1 (a) *Corporate IdentityNumber (CIN) of company		L17115CH1990PLC010566
(b) *Name of the company		WINSOME YARNS LTD
(c) *Address of the registered office of the company		SCO 191 192SECTOR 34 A CHANDIGARH, U T, Chandigarh, 000000, India
(d) *E-mail ID of the company		cshare@winsomegroup.co m
Particulars of Director/KMP		
2 *Number of Managing director or director(s) for which the	ne form is being filed	1
3 Details of the Managing Director or Director of the comp (a) Purpose of filing the form	bany	
Appointment	Cessation	Change in designation
<ul> <li>Appointment due to disqualification of all the existing directors</li> </ul>	Appointment by liquidator	
(b) Director Identification Number (DIN)		09720124
(c) Name		ANUPMA KASHYAP
(d) Father's name		MUMLESH KUMAR
(e) Present residential address		# 36, ARJUN NAGAR, OPPOSITE POOJA FILING STATION NEAR INDUSTRIAL ESTATE

(f) N	Vationali	ty				Ir	ndia	
(g)	Date of k	pirth (DD/MM/YYYY)				15	5/08/1990	
(h)	Gender					Fe	emale	
(i) E	-mail ID	of director				A	JUPMA.KASHY	AP18@GMAIL
							COM	
([		ion anaging director/Alternate dire ector/Whole-time director)	ctor/Additional dir	ector/Director appoin	ted in casual vacanc	cy/	ditional I	Director
(k)	Date of A	Appointment or change	in designatior	n (DD/MM/YYYY)		22	2/05/2023	
(1)				(,		1		
	Category Promoter/P	rofessional/Independent/Small	l shareholder's dire	ctor)		Ir	ndependent	
(m)	Whethe	r Chairman, Executive D	)irector, Non-E	xecutive Directo	r		hairman	
. ,		·	·					
						E	xecutive Direct	tor
							Ion-Executive I	Director
(n)	DIN of su	uch director to whom ap	pointee is alte	ernate				
(o)	Name of	the director to whom s	uch appointee	is alternate				
-	Name of the appo	the company or institu pintee is	tion whose au	thorized represe	ntative or nomii	nee		
(q)	In case o	f cessation, hereby conf	firmed that the	e above-	C	Director 🔿 Ma	naging Directo	or is not assoiat
,	with the	company with effect fro	om		(DD/MM/Y	YYY) due to		
Intere	est in oth	ner entities						
(r) N	lumber o	of such entities				1		
	S. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)
				304, Building				

4 *Number of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer for which the form is being filed	0	
5 Details of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer of the cor	npany	
(a) Purpose of filing the form	C Appointment	
	C 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 enter)		
(g) Present residential address		
Address Line		
Address Line		
Country		
Pin Code/Zip Code		
Area/Locality		
City		
District		
State/UT		

Form DIR-2.pdf Resolutions.pdf Appointment Letter.pdf
Resolutions.pdf Appointment Letter.pdf
MBP-1 & DIR-8.pdf Certificate Independent Director.pdf
WINSOME YARNS LTD
Certify that I am not nation or management of any of duty to any company under ne prescribed number of of the above companies and

$\checkmark$ I also declare that:					
I am not required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number; or					
I am required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub- rule (1) of rule 10 before applying for director identification number and the same has been obtained and is attached,					
	ncurred disqualification under the Companies Act, 20 any disqualification from being a director.	13 in any of the above companies and			
To be digitally signed by the Direct	or/ Managing				
Declaration					
I* MANISH BAGRODIA	authorized by the Board of Directors of the Compar	ny/ by the court or NCLT			
188.4	number dated* 22/05/2023	(DD/MM/YYYY) 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					
*Designation (Director/Manager/Company Secretary/Chief ex	ecutive officer/Chief Financial Officer/Statutory Auditor/Liquidator)	Director			
	e director; or DIN or PAN of the manager or CEO or mber of the secretary or statutory auditor	00046944			
Certificate by practicing profession	nal				
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 prop relevant provisions of the Compa	erly prepared, signed by the required officers of the C anies Act, 2013 and were found to be in order	ompany and maintained as per the			
$\boxtimes$ All the required attachments have	ve been completely and legibly attached to this form;				
It is understood that I shall be lia K found at any stage	ble for action under Section 448 of The Companies Ac	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)	
C Cost Accountant (in whole time practice)	
Whether associate or fellow:	
○ Associate  ● Fellow	
Membership number	
Certificate of practice number	3577
For Office use only:	
eForm Service request number (SRN)	AA2687983
eForm filing date (DD/MM/YYYY)	30/05/2023
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 electronic mode and on the basis of statement of correctness given by the company