

TIVOLI CONSTRUCTION LIMITED

(CIN: L45200MH1985PLC037365)

Regd. Off: Raheja Chambers, 12th Floor, Nariman Point, Mumbai – 400 021

Phone No.: 022 – 2287 3185

Website: www.tivoliconstruction.in email: tivoliconstruction@yahoo.co.in

31st October, 2017

The Corporate Services Department
The Bombay Stock Exchange Limited
Floor 25, P.J. Towers
Dalal Street
Mumbai – 400 001

Dear Sir,

Sub: Appointment of Woman Director

This is to inform you that Mrs. Anita Raheja was appointed as an Additional Director at the Board Meeting held on 4th September, 2017 and her appointment was regularized at the Annual General Meeting of the Company held on 28th September, 2017. Mrs. Anita Raheja has been appointed as a Director (Non-Executive Promoter Director) of the Company.

The relevant Form Dir-12 for the regularization of the appointment of Mrs. Anita Raheja, as Director of the Company has already been filed with the Registrar of Companies, Maharashtra, Mumbai, and a copy of the same along with the receipt is attached with this letter for your reference and record.

The relevant details of Mrs. Anita Raheja, Director, are given below:

| Sr. No. | Particulars | Details |
|---------|-----------------------------------|--|
| 1. | Name of the Director | Anita Raheja |
| 2. | Director Identification No. (DIN) | 00306794 |
| 3. | PAN | AAFPR5711G |
| 4. | Contact No./ email ID | 6668 1122 / cs.gstaad@advantageraheja.com |

Trust you will find the above in order and take the said Appointment on record. Kindly acknowledge receipt of this letter.

Thanking you,

Yours faithfully,

For TIVOLI CONSTRUCTION LIMITED



DIRECTOR

Encl.: Form Dir-12 & ROC Receipt

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

SRN : G58499476

Service Request Date : 27/10/2017

Payment made into : ICICI Bank

Received From :

Name : Roselyn Chettiar
Address : Rahejas, Corner of MAin Avenue
and V P Road, Santacruz - West
Mumbai, Maharashtra
India - 400054

Entity on whose behalf money is paid

CIN: L45200MH1985PLC037365
Name : TIVOLI CONSTRUCTION LTD
Address : Raheja Chambers, 12th Floor,
Nariman Point
Mumbai, Maharashtra
India - 400021

Full Particulars of Remittance

Service Type: eFiling

| Service Description | Type of Fee | Amount(Rs.) |
|---------------------|-------------|-------------|
| Fee For Form DIR-12 | Normal | 500.00 |
| Total | | 500.00 |

Mode of Payment: Credit Card- ICICI Bank

Received Payment Rupees: Five 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) *Form INC-1 reference number (Service request number (SRN) of Form INC-1) or corporate identity number (CIN) of company

L45200MH1985PLC037365

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company

TIVOLI CONSTRUCTION LTD

(b) Address of the registered office of the company

Raheja Chambers, 12th Floor,
Nariman Point
Mumbai
Mumbai City
Maharashtra
400021

(c) E-mail ID of the company

tivoliconstruction@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)

ii Name

iii Father's name

iv Present residential address

v Nationality vi Date of birth vii Gender

viii Appointment Cessation Change in designation x Date of Appointment or change in designation (DD/MM/YYYY)

ix Designation

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

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

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

xxii * CIN/LLPIN/FCRN/Registration number

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) Letter of appointment;
- (2) Declaration by first director
- (3) Declaration of the appointee director in Form No. DIR-2;
- (4) Notice of resignation;
- (5) Evidence of cessation;
- (7) Optional attachment(s) - if any.

Attach

Attach

Attach

Attach

Attach

Attach

Remove attachment

Declaration

I * RAKESH DESAI

- 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 28/05/2015

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

* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the secretary 00152982

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 035589

Certificate of Practice Number 035589

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.

