

08th June 2018

BSE Limited P.J. Towers, Dalal Street, Mumbai - 400 001

Dear Sir/ Madam,

Sub: Change of directors

We wish to inform you that the board at the recommendation of the Nomination & Remuneration Committee of the company, approved the appointment of:

- 1. Mr. Rajiv C. Lochan as Additional director. Independent with effect from 01.03.2018
- 2. Mr. Salim Gangadharan as Additional director, Independent with effect from 30.04.2018.

The appointment of Additional Directors, Mr. Ragiv C Lechan and Mr. Salim Gangadharan were approved by the board by way of a resolution passed by circulation on 30th April 2018.

We also wish to bring to your notice the following discretors resigned from the board of the company:

- Ms. Bindu Ananth with effect from 11,05,7648.
- Mr. Charles Silberstein with effect from 20.05.2010

The resignation of Ms. Bindu Ananth and Mr. Charles Sills stein were noted at the Board meeting held on 11th May 2018.

Copies of the forms filed with Registrar of Companies into ording the Regulator about the change in directors of the company as stated supra are attained as an access A.

We request you to please take the above information on record.

Thank you.

Yours faithfully,

For Northern Arc Capital Limited (formerly IFMA Capital Chance Limited)

CC CaD

Chennai 600 113

Srividhya R Company Secretary

Encl: 1. Annexure A -Forms DIR.12 filed with ROC

CIN.: U65910TN1989PLC017021

MINISTRY OF CORPORATE AFFAIRS RECEIPT

G.A.R.7

SRN: G88707104 Service Request Date: 04/06/2018

Payment made into : ICICI Bank

Received From:

Name:

PRABHAKAR C

Address:

BP AND ASSOCIATES, Company Secretaries

New No.74, Old No.62, Akshaya Flats 12th Avenue, Ashok Nagar

Chennai, Tamii Nadu

India - 600083

Entity on whose behalf money is paid

CIN:

U65910TN1989PLC017021

Name:

NORTHERN ARC CAPITAL LIMITED

Address:

No. 1, Kanagam Village, 10th Floor

IITM Research Park, Taramani

Chennai, Tamil Nadu

India - 600113

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 - ICICI 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	ı 🔾 Hindi		
Refer the instruction kit for filin	ng the form.		
1. *This form is for New o	company	ompany	
2. (a) * Corporate Identity Num	nber (CIN) of company	U65910TN1989PLC017021	
(b)Global location number (G	LN) of company		Pre-fill
3. (a) Name of the company	NORTHERN ARC CAPITA	AL L im itéd	
(b) Address of the registered office of the company	No. 1, Kanagam Village, 1 IITM Research Park, Tara Chennai Tamil Nadu 600113 India		
(c) E-mail ID of the company	srividhya.r@northernarc.c	xom	
4. Number of Managing directo	r or director(s) for which the	e form is being filed	2
5. Details of the Managing D	Director, directors of the	company	

	·*· ·· · · · · · · · · · · · · · · · ·	
1 Details of	the Managing Dire	irector or Director of the company
i Director Id	entification Numbe	ber (DIN) 02456029 Pre-fill
ii Name		BINDU ANANTH
iii Father's na	ame	ANANTHASIVAN LAKSHMANAN TAIRUVARPU
iv Present re	sidential address	36, F - 1, Krishna Kutia, 5th Avenue, Besant Nagar CHENNAI Tamil Nadu India 600090
v Nationality	IN	vi Date of birth 12/05/1979 vii Gender Female
viii () Арро	intment Ce	Cessation Change in designation × Date of Appointment or
ix Designatio	Director	change in designation (DD/MM/YYYY)
xi Category		(DD/MIM/1111)
xii Whether C	hairman, Executive	ive Director, Non-Executive Director
Chain	man 🔲 Execut	utive director Non Executive Director
Xiii DIN of su	ch director to whon	om appointee is alternate Pre-fill
	ne director to whom is alternate	om such
XV Name of the appointee		stitution whose nominee the
xvi E-mail ID	of director Bindu.	u.Ananth@dvara.com
xvii In case of		
	-	ove mentioned Director Managing director xviii is not associated with the compan
with effect	from 11/05/2018	(DD/MM/YYYY) xix due to Resignation u/s 168
	n other entities	
xxi Number of	such entities	
xxii * CIN/LEPIN	I/FCRN/Registratio	tion number Pre-fill
xxiii * Name		
xxiv *Address		
,,,,,		
l		
xxv xxvi	* Designation	rest
	Percentage of St	Shareholding xxviii Amount
xxix	Others (specify)	fy)

1 Details of the Managing Director or Director of the company
i Director Identification Number (DIN) 03295477 Pre-fill
ii Name CHARLES DAVID SILBERSTEIN
iii Father's name JOSEPH AARON SILBERSTEIN
iv Present residential address FLAT 8 45 QUEEN'S GATE TERRACE LONDON United Kingdom SW75PN
v Nationality US vi Date of birth 11/03/1953 vii Gender Male
viii Appointment Cessation Change in designation x Date of Appointment or
ix Designation Director change in designation
xi Category (DD/MM/YYYY)
xii Whether Chairman, Executive Director, Noл-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
Name of the company or institution whose nominee the appointee is
xvi E-mail ID of director charles.silberstein@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 22/05/2018 (DD/MM/YYYY) xix due to Resignation u/s 168
xx Interest in other entities
xxi Number of such entities
xii ^CIN/LLPIN/FCRN/Registration number Pre-fill
xiii * Name
xív *Address
XXV Nature of interest
XXVI * Designation
xxviii Percentage of Shareholding xxviiii Amount
xxix Others (specify)

7.	Details of ma	nager(s	s), secr	etary(s),	Chie	f Finan	icial Offi	icer or C	hief Exec	utive Offic	cer of	f the compar	ny	
1 i	Director Iden	tificatio	n Numl	ber (DIN), if a	пу					Γ	Pre-fill		
iì	Income Tax (oeman	ent acc	ount nur	nber	(PAN)					Ī	/erify Details		
iii	O Appoint	ment () Cess	ation							1		nes	
ív	Membership	numbe	r of the	secreta	ry									
v	First Name	:												
	Middle Name	•	<u> </u>					<u>.</u>					<u></u> -	
vii	Last Name													
viii	Father's nar	ne									· · · · · · · · · · · · · · · · · · ·			
ix	First Name													
x	Middle Name	•			······································	······································	/ · · · · · · · · · · · · · · · · · · ·							·····
хi	Last Name						· · · · · · · · · · · · · · · · · · ·							
ίίχ	Present resid	dential a	address	xiii Li	ne I									
				xiv Li	ne II		· · · · · · · · · · · · · · · · · · ·		···					.,
χv	City											····, ····		
xvi	State							****	XV	ii Pin Co	de		*·· ·· ·· ···	
xviii	ISO Country	Code							_					
xix	Country													
хx	Phone	Ī				x	xi Fax		······································					
xxii	Date of birth	Ī				(DD/	MM/YY	YY)	,					
xxiii	Designation	Ī												
xxiv	Date of App	ointmer	nt or ce	ssation					(DD/	MM/YYYY	()			
xxv	E-mail ID													

Attachments

List of attachments

(1) Declaration by first director	Attach	Resignationletters.pdf
(2) Declaration of the appointee director in Form No. DIR-2;	Attach	Evidenceofcessation_NAC.pdf
(3) Notice of resignation;	Attach	
(4) Evidence of cessation;	Attach	
(6) Optional attachment(s) - if any.	Attach	
		Remove attachment
Decla	ration	•
I * KSHAMA FERNANDES		
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 Com	npany vide 03	
number dated 11/05/2018		
to sign this form and declare that all the requirement respect of the subject matter of this form and matter that all the information given herein above is true, con nothing material has been suppressed.	ers incidental there	eto have been complied with. I also declare
To be digitally signed by		
* Designation Director	0001 -64-	
* Director identification number of the director; or DIN manager or CEO or CFO; or Membership number or		02539429
Certificate by F	practicing profess	sional
I declare that I have been duly engaged for the purpose through the provisions of the Companies Act, 2013 and incidental thereto and I have verified the above particula maintained by the Company/applicant which is subject complete and no information material to this form has be	Rules thereunder ars (including attac matter of this form	for the subject matter of this form and matters chment(s)) from the original/certified records and found them to be true, correct and
The said records have been properly prepared, signer the relevant provisions of the Companies Act,		
All the required attachments have been completely		
It is understood that I shall be liable for action certification, if any found at any stage.	on under Section	448 of The Companies Act, 2013 for wrong
To be digitally signed by Kandhipatii Sandhipatii Sand		
Chartered accountant (in whole-time practice) or	Cost account	tant (in whole-time practice) or
Company secretary (in whole-time practice)		
Whether Associate or fellow Associate	Fellow	
Membership number	25315	
Certificate of Practice Number 15708		
Modify Check Forth		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.

MINISTRY OF CORPORATE AFFAIRS RECEIPT

G.A.R.7

SRN: G88542162

Service Request Date: 01/06/2018

Payment made into: ICICI Bank

Received From:

Name:

PRABHAKAR C

Address:

BP AND ASSOCIATES, Company Secretaries

New No.74, Old No.62, Akshaya Flats 12th Avenue, Ashok Nagar

Chennai, Tamil Nadu

India - 600083

Entity on whose behalf money is paid

CIN:

U65910TN1989PLC017021

Name :

NORTHERN ARC CAPITAL LIMITED

Address:

No. 1, Kanagam Village, 10th Floor

HTM Research Park, Taramani

Chennai, Tamil Nadu

India - 600113

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form DIR-12	Normal	600.00
	Additional	3600.00
	Total	4200.00

Mode of Payment:

Internet Banking - ICICI Bank

Received Payment Rupees: Four Thousand Two 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	h 🔘 Hìndi	
Refer the instruction kit for fill	ng the form.	
1. This form is for New	company existing company	
2. (a) * Corporate Identity Num	mber (CIN) of company U65910TN1989PLC017021	
(b)Global location number (G	iLN) of company	Pre-fill
3. (a) Name of the company	NORTHERN ARC CAPITAL LIMITED	
(b) Address of the registered office of the company	No. 1, Kanagam Village, 10th Floor IITM Research Park, Taramani Chennai Tamil Nadu 600113 India	
(c) E-mail ID of the company	srividhya.r@northemarc.com	
4. Number of Managing director	or or director(s) for which the form is being filed	
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) 05309534 Pre-fill									
ii Name RAJIV CHELLAPPA LOCHAN									
iii Father's name SENJI GOMATAM CHELLAPPA									
iv Present residential address 11-1, Panchajanya Plot 10-1, Valliammai aachi road, Kotturpuram Chennai Tamil Nadu India 600085									
v Nationality IN vi Date of birth 23/07/1971 vii Gender Male									
viii Appointment Cessation Change in designation × Date of Appointment or 01/03/2018									
ix Designation Additional director change in designation									
xi Category Independent (DD/MM/YYYY)									
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									
Name of the company or institution whose nominee the appointee is									
xvi E-mail ID of director rajivclochan@gmail.com									
xvii In case of cessation									
Hereby confirmed that the above mentioned O Director O 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 7									
xxii * CIN/LLPIN/FCRN/Registration number U22300TN2017PTC115593 Pre-fill									
xxiii * Name THG PUBLISHING PRIVATE LIMITED									
XXIV *Address Kasturi Buildings, 859 & 860, Anna Salai Chennai Chennai Tamil Nadu 600002									
XXV Nature of interest									
Managing Director									
xxviii Percentage of Shareholding xxviii Amount									
xxix Others (specify)									

7.	Details of ma	mager(s	s), secre	tary(s), Chie	f Financ	cial Officer	r or Chief	Executive C	officer of	of the company	
ii	Director Ider	perman	ent acco	ount number	-					Pre-fill Verify Details	
iii	O Appoint	_									
ìv	Membership	numbe	r of the	secretary							
v	First Name										
Vİ	Middle Name	€		······································					., ,		
vii	Last Name		<u> </u>								
viii	Father's nar	ne									
ìχ	First Name										
x	Middle Name	÷									
χi	Last Name				• • • •	······································	· · ·				
xii	Present resid	dential a	address	xiii Line t							
				xiv Line II							
χv	City										
xvi	State							xvii Pin	Code		
xviii	ISO Country	Code									
xix	Country	[•							
ХX	Phone	[××	kiFax [
xxii	Date of birth	י [(DD/N	MM/YYYY)				
xxiii	Designation	[]			
xxiv	Date of App	ointme	nt or ces	sation				(DD/MM/YY	YY)		
XXV	E-mail ID										

Attachments

List of attachments

(1) Declaration by first director	Attach	MBP1_scanned_rajiv.pdf CTC_BR_RAJIV_appointment.pdf					
(2) Declaration of the appointee director	Attach	dir2_rajiv.pdf					
in Form No. DIR-2;	Actach						
(3) Notice of resignation;	Attach						
(4) Evidence of cessation;	Attach						
5) Interest in other entities;	Attach						
(6) Optional attachment(s) - if any.	Attach						
		Remove attachment					
	Declaration						
KSHAMA FERNANDES							
A person named in the articles as a		of the company					
(in case if a new company) or							
X authorized by the Board of Directors of	f the Company vide 03						
number dated 11/05/2018							
		ct, 2013 and the rules made thereunder in					
		to have been complied with. I also declare including the attachments to this form and					
nothing material has been suppressed.	,						
* To be digitally signed by	Reprod by Tempoles I a coor Havio						
* Designation Director							
* Director identification number of the director	or; or DIN or PAN of the	02539429					
manager or CEO or CFO; or Membership i	number of the secretary						
Certifi	cate by practicing professi	onal					
I declare that I have been duly engaged for the through the provisions of the Companies Act, incidental thereto and I have verified the above maintained by the Company/applicant which is complete and no information material to this for	2013 and Rules thereunder for e particulars (including attach s subject matter of this form a	or the subject matter of this form and matters ment(s)) from the original/certified records and found them to be true, correct and					
The said records have been properly pre per the relevant provisions of the Compa		d officers of the Company and maintained as and to be in order;					
X All the required attachments have been of	completely and legibly attach	ed 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 Chandrameul and the state of t							
Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or							
Company secretary (in whole-time practice)	- e)						
*Whether Associate or fellow Associate	○ Fellow						
Membership number	25315						
Certificate of Practice Number 15708							
Modify Check	(Form	Prescrutiny Selomii					

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.

MINISTRY OF CORPORAGE AFFAIRS

RECEIPT

G.A.R.7

SRN: G88638473

Service Request Date: 04/06/2018

Payment made into : ICICI Bank

Received From:

PRABHAKAR C

Address:

Name:

BP AND ASSOCIATES, Company Secretaries

New No.74, Old No.62, Akshaya Plats 12th Avenue. Ashok Napar

Chennai, Tamil Nadu

India - 600083

Entity on whose behalf money is paid

CIN:

U65910TN1989PLC017021

Name:

NORTHERN ARC CAPITAL LIMITED

Address:

No. 1, Kanagam Village, 10th Floor

IITM Research Park, Taramani

Chennai, Tamil Nadu

India - 600113

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)	
Fee For Form DIR-12	Dormal	600.00	
	Additional	1200.00	
	Total	1800.00	

Mode of Payment:

Internet Banking - ICICI Bank

Received Payment Rupees: One Thousand Eight 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	n 🔘 Hindi			
Refer the instruction kit for fili	ng the form.			
1. *This form is for O New	company existing c	company		
2. (a) * Corporate Identity Num	nber (CIN) of company	U65910TN1989PLC01702	<u>!</u> 1	
(b)Global location number (G	iLN) of company			Pre-fill
3. (a) Name of the company	NORTHERN ARC CAPIT	AL LIMITED		
(b) Address of the registered office of the company	No. 1, Kanagam Village, IITM Research Park, Tara Chennai Tamil Nadu 600113 India			
(c) E-mail ID of the company	srividhya.r@northernarc.	com		
4. Number of Managing director	r or director(s) for which th	ne form is being filed	1	
5. Details of the Managing D	Director, directors of the	company		

, , , , , , , , , , , , , , , , , , , ,				
1 Details of the Managing Director or Director of the company				
i Director Identification Number (DIN) 06796232 Pre-fill				
ii Name SALIM GANGADHARAN				
iii Father's name PADMANABHAN GANGADHARAN				
iv Present residential address C-26, RNP LANE, SASTHAMANGALAM P.O, VELLAYAMBALAM, TRIVANDRUM Kerala India 695010				
v Nationality IN vi Date of birth 13/10/1953 vii Gender Male				
viii Appointment Cessation Change in designation × Date of Appointment or 30/04/2018				
ix Designation Additional director change in designation (DD/MM/YYYY)				
xi Category Independent				
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 salimgrbi@gmail.com				
xvii In case of cessation				
Hereby confirmed that the above mentioned O Director O 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 3				
xxii * CIN/LLPIN/FCRN/Registration number L65191KL1929PLC001017 Pre-fill				
xxiii * Name THE SOUTH INDIAN BANK LIMITED				
XXIV Address S I B HOUSE MISSION QUARTERST B ROAD THRISSUR Kerala 680001 India				
xxv Nature of interest				
XXVi * Designation Director				
xxviii Percentage of Shareholding xxviii Amount				
xxix Others (specify)				

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					
i Director Identification Number (DIN), if any ii Income Tax permanent account number (PAN) Verify Details					
iv Membership number of the secretary					
∨ First Name					
vi Middle Name					
vii Last Name					
viii Father's name					
ix First Name					
x Middle Name					
xi Last Name					
xii Present residential address xiii Line I					
xiv Line II					
xv City					
xvii Pin Code xvii Pin Code					
xviii ISO Country Code					
xix Country					
xx Phone xxi Fax					
xxii Date of birth (DD/MM/YYYY)					
xxiii Designation					
xxiv Date of Appointment or cessation (DD/MM/YYYY)					
xxv E-mail ID					

Attachments

List of attachments

(1) Declaration by first director	Attach	MBP1_Salim_18_19.pdf CTC_BR_Salim_appointment.pdf					
(2) Declaration of the appointee director	Attach	DIR2_Salim.pdf					
in Form No. DIR-2;							
(3) Notice of resignation;	Attach						
(4) Evidence of cessation;	Attach						
(5) Interest in other entities;	Attach						
(6) Optional attachment(s) - if any.	Attach						
(o) Optional attachmest(s) - ir any.		Remove attachment					
<u> </u>							
Declaration							
1 * KSHAMA FERNANDES							
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 11/05/2018							
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							
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 Chandramout ************************************							
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 25315							
Certificate of Practice Number 15708							
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.