

Form No. DIR-12

Form language

☒ English

☐ Hindi

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]



Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Company details

1 (a) *Corporate Identity Number (CIN) of company

U74120MH2011PTC225361

(b) *Name of the company

FINORION PHARMA INDIA
PRIVATE LIMITED

(c) *Address of the registered office of the company

Smartworks Coworking
Location, Times Square
Building, 9th Floor, C
Wing, Andheri Marol,
Andheri East, Mumbai,
Mumbai, Mumbai,
Maharashtra,
India400059

(d) *E-mail ID of the company

n.fi

Particulars of Director/KMP

2 *Number of Managing director or director(s) for which the form is being filed

2

3 Details of the Managing Director or Director of the company

(a) Purpose of filing the form

☐ Appointment

☒ Cessation

☐ Change in designation

☐ Appointment due to disqualification of all the existing directors

☐ Appointment by liquidator / IRP / RP

(b) Director Identification Number (DIN)

0*1*9*3*

(c) Name

OLLI HEIKKI HUOTARI

(d) Father's name

*****I*****RI

(e) Present residential address

,NA,ESPOO,NA,Finland,0
2730

(f) Nationality

Finland

(g) Date of birth (DD/MM/YYYY)

22/03/1966

(h) Gender

Male

(i) E-mail ID of director

*****on.fi

(j) Designation

(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/
Nominee director/Whole-time director)

Director

(k) Date of Appointment or change in designation (DD/MM/YYYY)

(l) Category

(Promoter/Professional/Independent/Small shareholder's director)

(m) Whether Chairman, Executive Director, Non-Executive Director

- ☐ Chairman
☐ Executive Director
☐ Non-Executive Director

(n) DIN of such director to whom appointee is alternate

(o) Name of the director to whom such appointee is alternate

(p) Name of the company or institution whose authorized representative or nominee
the appointee is

(q) In case of cessation, hereby confirmed that the above-mentioned ☒ Director ☐ Managing Director is not associated

with the company with effect from 31/03/2025 (DD/MM/YYYY) due to Resignation u/s 168

Interest in other entities

(r) Number of such entities

0

S. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)

3 Details of the Managing Director or Director of the company

(a) Purpose of filing the form

☐ Appointment

☒ Cessation

☐ Change in designation

☐ Appointment due to disqualification of all the existing directors

☐ Appointment by liquidator / IRP / RP

(b) Director Identification Number (DIN)

0*3*0*2*

(c) Name

JOHANNA LINNEA
PAKKANEN

(d) Father's name

*****KAINEN

(e) Present residential address

,NA,HELSINKI,NA,Finland
d,00100

(f) Nationality

Finland

(g) Date of birth (DD/MM/YYYY)

22/07/1974

(h) Gender

Female

(i) E-mail ID of director

*****il.
com

(j) Designation

*(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/
Nominee director/Whole-time director)*

Director

(k) Date of Appointment or change in designation (DD/MM/YYYY)

(l) Category

(Promoter/Professional/Independent/Small shareholder's director)

(m) Whether Chairman, Executive Director, Non-Executive Director

☐ Chairman

☐ Executive Director

☐ Non-Executive Director

(n) DIN of such director to whom appointee is alternate

(o) Name of the director to whom such appointee is alternate

(p) Name of the company or institution whose authorized representative or nominee the appointee is

(q) In case of cessation, hereby confirmed that the above-mentioned ☒ Director ☐ Managing Director is not associated

with the company with effect from (DD/MM/YYYY) due to

Interest in other entities

(r) Number of such entities

S. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)

4 *Number of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer for which the form is being filed

5 Details of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer of the company

(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 enter)*

(g) Present residential address

Address Line 1

Address Line 2

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

(h) Date of birth (DD/MM/YYYY)

(i) Designation (*Manager/Company Secretary/CEO/CFO*)

(j) Date of appointment or cessation (DD/MM/YYYY)

(k) Mobile Number (with Country code)

(l) E-mail ID

6 SRN of form INC-28

Attachments

7 (a) Order from court/NCLT/Members resolution

(b) Notice of resignation

Resignation
letters_Olli and
Johanna.pdf

(c) Evidence of cessation

Evidence of
cessation_Olli and
Johanna.pdf

(d) Optional attachments – if any

Director's Consent and Declaration

I, hereby give my consent to act as a director of

(name of the company), pursuant to sub-section (5) of section 152 of the companies Act, 2013 and Certify that I am not disqualified to become a director under the companies Act, 2013.

☐ I declare that I have not been convicted of any offense in connection with the promotion, formation or management of any company or LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law in the last five year.

☐ I further declare that if appointed my total Directorship in all the companies shall not exceed the prescribed number of companies in which a person can be appointed as a Director.

☐ I further declare that I have not incurred disqualification under the Companies Act, 2013 in any of the above companies and that I, at present, stand free from any disqualification from being a director.

☐ 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,

To be digitally signed by the Director/ Managing Director

Declaration

I*

SAMRUDHI MANGESH
UTTURKAR

 authorized by the Board of Directors of the Company/ by the court or NCLT vide*

03

 number dated*

14/06/2024

 (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 by

*Designation

(Director/Manager/Company Secretary/Chief executive officer/Chief Financial Officer/Promoter Shareholder /Liquidator/IRP/RP)

Director

*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO or liquidator/IRP/RP or Promoter Shareholder; or Membership number of the secretary

0*1*2*1*

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

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

For Office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

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