

SBO

FORM NO. BEN-2

[Pursuant to section 90(4) of The Companies Act, 2013 and rule 4 and rule 8 of the Companies (Significant Beneficial Owners) Rules, 2018]



Return to the Registrar in respect of declaration under section 90

1. (a) * Corporate identity)18PTC127421	Pre-fill				
2. (a) Name of the comp		ERY CENTERS						
(b) Registered Office	4,SOHAM MANS SECUNDERAB AD	SION,2ND FLOO AD,	OR, .					
(c) * email ld Telangana moditejal@hot		hotmail.com	mail.com					
3. * Purpose of filing th	e form							
	holding reporting comp	pany						
	Significant Beneficial		er Section 90					
	t Beneficial Owners for			2				
	nificant Beneficial Owr							
					t holding or right in			
Significant Beneficial Ow	ner	reporting c	ompany is being	g exercised				
SBO1	1	1						
SBO2	1	1						
any direct holding or in By virtue of share By virtue of votin By virtue of right By virtue of exer By virtue of exer Particulars of the Me (a) Type of Member	ng rights in shares is on distributable divice rcise of control (attach rcise of significant influe mber Compan	dend or any other copy of agreemmence (attach copy of company Re	er distribution ent) by of agreemen gistration U658	18 t) 993TG1994PTC0	% % %			
(b) Corporate Identity		ship Identification	n number (LLPII	N)				
Number (FCRN) or Li								
(b) Corporate IdentityNumber (FCRN) or Lior any other registration(c) Name of the Mem	on number	OPERTIES PRIV	VATE LIMITED					
Number (FCRN) or Li or any other registration (c) Name of the Memi (d) Address	on number ber MODI PRO	OPERTIES PRIV						
Number (FCRN) or Li or any other registration (c) Name of the Memi (d) Address Line I	on number ber MODI PRO 5-4-187/3&4, SOHAM	OPERTIES PRIV						
Number (FCRN) or Li or any other registration (c) Name of the Memi (d) Address Line I	on number ber MODI PRO	OPERTIES PRIVI) FLOOR,					
Number (FCRN) or Li or any other registration (c) Name of the Memi (d) Address Line I	on number ber MODI PRO 5-4-187/3&4, SOHAM	OPERTIES PRIVI		Telangana 500003				

f) Date of entry of name in	register u/s 88	05/10/201	8 (DI	D/MM/YYY	~~)		
(B). Status of the SBO	Individual						
(C). Whether individual (SI	BO) has majority sta	ke in the					
Member of the Rep		NO III UIC					
	ompany of the memb	er of the reportir	ng company				
Corporate Identity number							D 611
Name of the ultimate hold		ulier registifation	number				Pre-fill
(D). Whether the individua	al (SBO):						
is a Partner of the	member						
holds majority stak	e in the body corpor	ate partner					
holds majority stak	te in the ultimate hole	ding company of	the body co	orporate p	artner		
Corporate Identity numb	er (CIN) or FCRN or	other registration	on number				Pre-fill
Name of the body corpo	orate partner / ultima	te holding compa	any				
(E). Particulars of the Sig	nificant Beneficial O	wner					
ID of the Significant E	Beneficial Owner		SBOO	0050804		Pre-fill	
(a) Name							
First Name	SOHAM						
	SATISH						
Last Name	MODI						
(b) Father's Name (E	ven married women	must give fathe	r's name)				
First Name	SATISH						
Middle Name	MANILAL						
Last Name	MODI						
(c) Date of Birth	18/10/1969	(DD/MM/YY	YY)				
(d) Nationality	INDIA						
(e) Whether a citizen	of India Yes	No					
(f) Income Tax PAN	ABMPM6725H		Veri	ify Incom	e-tax PAN det	ails	
(g) Passport Number							
(h) Address							
Line I	PLOT NO -280, RO	DAD NO - 25,					
Line II	JUBILEE HILLS,						
City	HYDERABAD		State		Telangana-Te	G G	
Country	IN		Pin Code	9	500034		
(i) Email ID of the S	ignificant Beneficial	Owner sohamn	nodi@hotma	ail com			
	Significant Beneficia		05/10/2		(DD/MM/YYY	Y)	
	ons under sub-section					(DD/MM/YY	YY)
	f the declaration by t		11/04/2		(DD/MM/YY)		
	cant Beneficial Owne						
(III) VVIIetilei Sigillit	ant beneficial owne		Yes	No	. sporting com	F-3.1.)	
If yes, enter details t	oelow:						
By virtue of sh						%	

Dy viitae	of voting rig	hts in shares				96	
By virtue	e of rights on	nts on distributable dividend or any other distribution %					
☐ By virtue	e of exercise	of control (attacl	n copy of agreement)				
By virtue	e of exercise	of significant infl	uence (attach copy of agreen	nent)			
	significant be or right (select nares	ct one or more a	is being held or exercised eitl s may be applicable)	ner ind		%	
						%	
			or any other distribution		9	2%	
	xercise of sig Member	ntrol (attach cop inificant influenc Company (C	e (attach copy of agreement)				
	Limited Liabi ation number	ility partnership I	ompany Registration U74999 dentification number (LLPIN)		11PTC222294		Pre-fill
(d) Address		7 GOLF WIN GO	COURTON TRIVITE ENVIR				
Line I	A-2/36, III F	loor					
Line II	Safdarjung	Enclave					
City	New Delhi	Otto					
Oity	I tow bound						
Country	Ind		: Din Codo	110029)		
	Ind		' Pin Code		9		
Country	Ind Member	iter u/s 88 [Pin Code caavinashgupta@gmail.com				
Country (e) Email ID of the I	Ind Member name in regis	ter u/s 88 [Pin Code caavinashgupta@gmail.com	110029			
Country (e) Email ID of the II (f) Date of entry of r (B). Status of the (C). Whether indivi	Ind Member name in regis SBO dual (SBO) h the Reporting ding Compar	Individual nas majority stak g Company ny of the membe	Pin Code caavinashgupta@gmail.com 31/03/2019 (DD/f e in the	110029			
Country (e) Email ID of the II (f) Date of entry of r (B). Status of the (C). Whether indivi Member of t Ultimate Hol Corporate Identity	Ind Member name in regis SBO dual (SBO) h the Reporting ding Compar	Individual nas majority stak g Company ny of the membe	Pin Code caavinashgupta@gmail.com 31/03/2019 (DD/f	110029			Pre-fill
Country (e) Email ID of the II (f) Date of entry of r (B). Status of the (C). Whether indivi Member of t Ultimate Hol Corporate Identity Name of the ultimate (D). Whether the i is a Partne holds majo	Ind Member name in regis SBO dual (SBO) hehe Reporting ding Compar number (CIN ate holding condividual (SE r of the mem rity stake in the	Individual nas majority stak g Company ny of the membe I) or FCRN or ot ompany 3O): ber he body corpora	Pin Code caavinashgupta@gmail.com 31/03/2019 (DD/I e in the of the reporting company ther registration number	110029 MM/YY	YY)		Pre-fill
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SBO2 I

Last Name	KUMAR					
(b) Father's Name (E	ven married women must give f	father's	s name)			
First Name	AMAR		neon see			
Middle Name						
Last Name	NATH					
(c) Date of Birth	10/12/1944 (DD/MM	//YYY	Y)			
(d) Nationality	INDIA					
(e) Whether a citizen	of India Yes	No				
(f) Income Tax PAN	ADNPK9317L		Ver	rify Income	e-tax PAN details	
(g) Passport Number						
(h) Address						
Line I	D-69, NEAR PARK PLAZA, SI	ECTO	R -55			
Line II	GAUTAM BUDDHA NAGAR					
City	NOIDA		State		Uttar Pradesh-UP	
Country	IN		Pin Code		201301	
(i) Email ID of the Si	gnificant Beneficial Owner gen	minigal	lshikha@g	gmail.com		
(j) Date of acquiring	Significant Beneficial Interest		31/03/2	2019	(DD/MM/YYYY)	
(k) Date of declaration	ons under sub-section (1) of Sec	ction 9	0	11/0-	4/2019 (DD	/MM/YYYY)
(I) Date of receipt of	the declaration by the company	у	11/04/2	2019	(DD/MM/YYYY)	
(m) Whether Signific	ant Beneficial Owner has any d	irect h	olding or i	right in the	reporting compan	y
		0	Yes	No		
If yes, enter details b	pelow:					
By virtue of sha	ares]%
By virtue of voting rights in shares %				%		
By virtue of rights on distributable dividend or any other distribution %						%
By virtue of exercise of control (attach copy of agreement)						
By virtue of ex	ercise of significant influence (a	ttach o	copy of ag	reement)		
					List of attachm	ents
ttachments:				Doclaratio		
*Declaration under Sec	ction 90	At	ttach		on in Form BEN-1 on in Form BEN-1	
Optional attachments,	if any	At	ttach			
					Remove attach	ment
					ixemove attach	ment

Declaration	
To the best of my knowledge	and belief, the information given in this form and attachments is correct and complete.
I have been authorized by bo	ard of directors' resolution dated * 11/04/2019 (DD/MM/YYYY) to
sign and submit this form.	
*To be digitally signed by	TEIAL SOHAM TEAL (SOME MICE) MODI Secretaria (SOME MICE)
*Designation	pirector .
*Director identification number	er of the director; or
DIN or PAN of the manager of	
Membership number of the o	ompany secretary.
	Certificate by Practicing professional
It is here by certified that I have	re 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
attachments(s)) from the origi	nal records maintained by the Company which is subject matter of this form and found
them to be true, correct and c	omplete and no information material to this form has been suppressed.
 Chartered accountant (in 	whole-time practice) or Cost accountant (in whole-time practice) or
Company secretary (in w	nole-time practice) SHRUTI Diputily (signatily signature)
Whether associate or fellow	Associate Fellow Associate Fellow
Membership Number	228160
Certificate of Practice Numbe	
Modify	Check Form Prescrutiny Submit
Note: Attention is also drawn	to provisions of Section 448 and 449 which provide for punishment for false
statement and punishment fo	false evidence respectively.
This a Farm has been taken	on file maintained by the register of companies through electronic made
	on file maintained by the register of companies through electronic mode ent of correctness given by the Director and professional.
and on the pasis of stateme	The of correctness given by the Director and professional.
	DS MINISTRY OF CORPORATE AFFAIRS 01