

[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-Section (i)]

Government of India
MINISTRY OF CORPORATE AFFAIRS

Notification

New Delhi, 06th May, 2016

G.S.R.(E).—In exercise of the powers conferred by section 399 read with sub-sections (1) and (2) of section 469 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (Registration Offices and Fees) Rules, 2014, namely:—

1. (1) These rules may be called the Companies (Registration Offices and Fees) Amendment Rules, 2016.
- (2) They shall come into force from the date of their publication in the Official Gazette.
2. In the Companies (Registration Offices and Fees) Rules, 2014,
 - (i) For Form No. GNL-1 and Form No. GNL-4, following forms shall respectively be substituted, namely:-

FORM NO. GNL-1

[Pursuant to rule 12(2) of the Companies
(Registration offices and Fees) Rules, 2014]



Form for filing an application with
Registrar of Companies

Form Language ☒ English ☐ Hindi

Note - All fields marked in * are to be mandatorily filled.

1. * Category of applicant

2. * Name of office of the Registrar of Companies (RoC) to which application is being made

3. (a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company or Form INC -1 reference number (Service request number (SRN) of Form INC - 1) Pre-fill

(b) Global location number (GLN) of company

4. (a) Name of the company

(b) Address of the registered office or of the principal place of business in India of the company

(c) e-mail ID of the company

5. Details of applicant (in case category is others)

(a) Name

(b) Address Line I

Line II

(c) City

(d) State

(e) ISO country code

(f) Country

(g) Pin code

(h) e-mail ID

6. *Application filed for

- ☐ Compounding of offences
- ☐ Extension of period of annual general meeting by three months
- ☐ Scheme of arrangement, amalgamation
- ☐ Others

7. If others, then specify

8. *Details of application

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9. In case of application for compounding of offences, provide the following details

(a) Whether application for compounding offence is filed in respect of

☐ Company ☐ Director ☐ Manager or Secretary ☐ Other

(b) Number of person(s) for whom the application is being filed

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(c) Details of person(s) for whom the application is being filed

(i)	Category <table border="1"><tr><td></td></tr></table>		Director identification number (DIN) or Income-tax permanent account number (Income-tax PAN) or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
	Name	<table border="1"><tr><td></td></tr></table>					
(ii)	Category <table border="1"><tr><td></td></tr></table>		DIN or Income-tax PAN or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
	Name	<table border="1"><tr><td></td></tr></table>					
(iii)	Category <table border="1"><tr><td></td></tr></table>		DIN or Income-tax PAN or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
	Name	<table border="1"><tr><td></td></tr></table>					
(iv)	Category <table border="1"><tr><td></td></tr></table>		DIN or Income-tax PAN or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
	Name	<table border="1"><tr><td></td></tr></table>					
(v)	Category <table border="1"><tr><td></td></tr></table>		DIN or Income-tax PAN or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
	Name	<table border="1"><tr><td></td></tr></table>					
(vi)	Category <table border="1"><tr><td></td></tr></table>		DIN or Income-tax PAN or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
	Name	<table border="1"><tr><td></td></tr></table>					
(vii)	Category <table border="1"><tr><td></td></tr></table>		DIN or Income-tax PAN or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
	Name	<table border="1"><tr><td></td></tr></table>					
(viii)	Category <table border="1"><tr><td></td></tr></table>		DIN or Income-tax PAN or passport number	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td>Pre-fill</td></tr></table>	Pre-fill
Pre-fill							
	Name	<table border="1"><tr><td></td></tr></table>					

(d) Whether application is being filed

☐ Suo-motu ☐ In pursuance to notice received from RoC or any other competent authority

(e) Notice number and date of notice

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(f) Section for which application is being filed

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(g) Brief particulars as to how the default has been made good

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10. In case of application is made for extension of period of an AGM or annual accounts (DD/MM/YYYY)
year end date in respect of which the application is being filed

11.(a) Service request number of Form MGT-14

(b) Date of passing special or ordinary resolution

(DD/MM/YYYY)

(c) Date of filing Form MGT-14

(DD/MM/YYYY)

12. Particulars of payment of stamp duty

Total number of stamp duty payment(s) for which details to be entered

(i) State or Union territory in respect of which stamp duty is paid	<input type="text"/>
Total amount of stamps or stamp paper (in Rs.)	
Particulars of instrument(s) on which stamp duty is paid	
Mode of payment of stamp duty	
Name of vendor authorised to collect stamp duty or to sell stamp papers on behalf of the Government	
Serial number of stamps or stamp paper	
Registration number of vendor	
Date of purchase of stamps or stamp paper	<input type="text"/> (DD/MM/YYYY)
Place of purchase of stamps or stamp paper	

Attachments

List of attachments

- | | |
|--|--------|
| 1. Board resolution | Attach |
| 2. Scheme of arrangement, amalgamation | Attach |
| 3. *Detailed application | Attach |
| 4. Copy of notice received from RoC or any other competent authority | Attach |
| 5. Optional attachment(s) - if any | Attach |

Remove Attachment

Verification

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

- ☐ I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this application.
- ☐ I am duly authorised to sign and submit this application.

To be digitally signed by

Managing Director or Director or Manager or Secretary or CEO or CFO (in case of an Indian company or an authorised representative (in case of a foreign company) or other

Designation

DIN of the Director or Managing Director; or income-tax PAN of the Manager or authorised representative; or CEO or CFO or

Membership number of the Secretary

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 or
Certificate of practice number

Modify

Check Form

Prescrutiny

Submit

For office use only:

Affix filing details

e-Form Service request number
(SRN)

e-Form filing
date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

Date of signing

(DD/MM/YYYY)*;

FORM NO. GNL-4

[Pursuant to Rule 10(7) of the Companies
(Registration offices and Fee) Rules, 2014]



Form for filing addendum for rectification of
defects or incompleteness

Form Language ☒ English ☐ Hindi

Note - All fields marked in * are to be mandatorily filled.

1.* Service request number (SRN) of relevant form(s)

Pre-fill

(Mention SRN of relevant form(s) in respect of which addendum is being filed. Ensure that correct SRN is mentioned in this field and verify the system displayed details below)

2. (a) Date of SRN

(DD/MM/YYYY)

(b) Form number(s)

3. (a) Corporate identity number (CIN) or foreign company
registration number (FCRN) of the company

(b) Global location number (GLN) of company

4.(a) Name of the company

(b) Address of the
registered office
or of the principal
place of business in
India of the company

(c) Name of the person filing this form (applicable in case of filing with respect of non company or company yet to be incorporated)

(d) *e-mail ID

5. (a) Details of defects pointed out or further information called by the Registrar of Companies (RoC) or any other competent authority

(b) *Details of rectification of the defects or further information furnished

6.(a) SRN of additional (differential) stamp duty payment Pre-fill

Details of additional (differential) stamp duty

(b) (i) Amount of stamp duty	<input type="text"/>	Document name	<input type="text"/>
(ii) Amount of stamp duty	<input type="text"/>	Document name	<input type="text"/>
(iii) Amount of stamp duty	<input type="text"/>	Document name	<input type="text"/>

(Ensure that correct type of document is selected from the list of documents given in the drop down below.
Maximum five documents can be attached).

7. (a) Type of document	<input type="text"/>	Attach
(b) Type of document	<input type="text"/>	Attach
(c) Type of document	<input type="text"/>	Attach

(d) Type of document

Attach

(e) Type of document

Attach

List of attachments

Remove attachment

Verification

To the best of my/ our knowledge and belief, the information given above and in the attached documents is correct and complete.

To be digitally signed by

1. Director or Managing Director or Manager or CEO or CFO or Company Secretary (In case of existing Company) or Authorised representative (In case of foreign company); or Authorized person of the bank; or Designated partner of a LLP

Designation

DIN of the Director or Managing director; or PAN of the manager or CEO or CFO or member or authorized representative or Authorized person; or Membership number of the Company Secretary, or DIN of the designated partner

2. Director or Member

Designation

DIN of the Director; or DIN/PAN of the Member

Charge holder, Applicant, Promoter, Liquidator, Individual, Partner, Auditor, Partner of auditor's firm

I. Designation

Income tax PAN or Membership number

ARC or Assignee, Chairman, Person charged, others

Designation

Capacity

DIN or Income tax PAN or Membership number

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

☐ 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 or Certificate of practice number

Modify

Check Form

Prescrutiny

Submit

This form is not required to be signed by the authorizing officer as this has been filed in respect of an already filed eForm".

[F.No. 01/16/2013 CL-V (Pt-I)]

Amardeep Singh Bhatia
06/08/2016

Amardeep Singh Bhatia, Joint Secretary.

Note: The principal notification was published in the Gazette of India, Part II, Section 3, Sub-section (i) *vide* number G.S.R. 268(E), dated 31st March, 2014 and subsequently amended by:-

Serial Number	Notification Number	Notification Date
1.	G.S.R. 297(E)	28-04-2014
2.	G.S.R. 122(E)	24-02-2015
3.	G.S.R. 438 (E)	29-05-2015