

Form No. GNL-2

Form language

Form for submission of documents with the Registrar

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

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory



Company Information

1 (a) *Corporate Identity Number (CIN)

(b) *Name of the company

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

(d) *Email ID of the company

Purpose of filing the form

2 (a) *Please indicate the document being filed

Prospectus

Red Herring Prospectus

Circular or Circular in the form of Advertisement inviting Deposits in DPT-1

Private placement offer letter or Record of a private placement offer to be kept by the company

Form 149 of the Companies (Court) Rules, 1959
(Court) Rules, 1959

Form 152 of the Companies

Form 153 of the Companies (Court) Rules, 1959
(Court) Rules, 1959

Form 154 of the Companies

Form 156 of the Companies (Court) Rules, 1959
(Court) Rules, 1959

Form 157 of the Companies

Form 158 of the Companies (Court) Rules, 1959
(Court) Rules, 1959

Form 159 of the Companies

Final Report on Completion of liquidation process by Liquidator

Others

Affidavit under Section 59 of the Insolvency and Bankruptcy Code, 2016

(b) If others, then specify

Advertisement Inviting Deposits

3 (a) Expected date of issue of Advertisement (DD/MM/YYYY)

(b) Expected opening date of Acceptance of Deposits (DD/MM/YYYY)

(c) Expected date of expiry of validity of advertisement or circular (DD/MM/YYYY)

References

4 (a) Act under which the document is being filed

(Companies Act, 2013/ Companies Act, 1956/ Insolvency and Bankruptcy Code, 2016)

(b) Section(s) of the Companies Act, 2013 or the Companies Act, 1956 or Insolvency and Bankruptcy Code 2016, under which the document is being filed

(i) Section(s) of the Companies Act, 2013 under which the document is being filed

(ii) Section(s) of the Companies Act, 1956 under which the document is being filed

(iii) Section(s) of the Insolvency and Bankruptcy Code, 2016 under which the document is being filed

Special Resolution and Other Details

5 (a) Service request number of Form MGT-14

(b) Date of passing special (SR) or ordinary resolution (OR) (DD/MM/YYYY)

6 (a) *Date of event (DD/MM/YYYY)

(b) Date of declaration by majority of directors (DD/MM/YYYY)

Attachments

(a) Copy of prospectus

(b) Copy of red herring prospectus

(c) Circular or Circular in the form of Advertisement inviting Deposits in DPT-1

(d) Private placement offer letter or record of private placement offer letter to be kept by the company

- (e) Form 149 of the Companies (Court) Rules, 1959
- (f) Form 152 of the Companies (Court) Rules, 1959
- (g) Form 153 of the Companies (Court) Rules, 1959
- (h) Form 154 of the Companies (Court) Rules, 1959
- (i) Form 156 of the Companies (Court) Rules, 1959
- (j) Form 157 of the Companies (Court) Rules, 1959
- (k) Form 158 of the Companies (Court) Rules, 1959
- (l) Form 159 of the Companies (Court) Rules, 1959
- (m) Final Report on Completion of liquidation process by Liquidator
- (n) Any other relevant document
- (o) Audited financial statements and record of business operations of the company for the previous two years or for the period since its incorporation, whichever is later
- (p) A report of the valuation of the assets of the company, if any, prepared by a Registered Valuer
- (q) Affidavit under section 59 of the Insolvency and Bankruptcy Code, 2016
- (r) Optional attachment(s) - if any

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Verification

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

I have been authorised by the board of directors' resolution dated (DD/MM/YYYY) to sign and submit this form.

To be digitally signed by

DSC BOX

Particulars of the person signing and submitting the form

Name

Capacity

Director or manager or secretary or CEO/CFO or IRP/RP/Liquidator of the company

Designation

(Director/ Manager/ Company Secretary/ CEO/ CFO/ IRP/ RP/ Liquidator/ Others)

Director identification number of the director or membership number of the secretary or
DIN/PAN of the Manager/CEO/CFO/IRP/RP/Liquidator

Verification

To the best of my/our knowledge and belief, the information given in this form and its attachments is correct and complete. I am/ We are duly authorised to sign and submit this form.

To be digitally signed by

Liquidators of the Company

DSC BOX

DSC BOX

DSC BOX

Save

Submit

Note: Attention is drawn to provisions of section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

This eForm is hereby registered

Digital signature of the authorizing officer

DSC BOX

Date of signing (DD/MM/YYYY)

OR

This eForm has been taken on file maintained by the registrar of companies through electronic mode and based on statement of correctness given by the company.

Form No. GNL-3

Form language

Particulars of person(s) charged for the purpose of sub clause (iii) or (iv) of clause 60 of section 2

English

Hindi

[Pursuant to the Companies Act, 2013 and sub rule (3) of rule 12 of the Companies Registration Offices and Fees) Rules, 2014]



Refer instruction kit for filing the form

All fields marked in * are mandatory

Entity details

सत्यमेव जयते

1 *Corporate Identity Number (CIN)

2 (a)* Name of the company

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

(c)* Email ID of the company

Officer Details

3 *Number of person(s) charged

Particulars of person(s) charged

*Whether consent is accepted or withdrawn or revoked

Acceptance

Withdrawal

Revocation

*Date of consent or revocation given under sub-clause (iii) of clause (60) of section 2 (DD/MM/YYYY)

*Officer in default

*Name

*Provision(s) of the Companies Act to which the consent relates

*Director Identification Number (DIN) or income tax permanent Account number (income-tax PAN) (Please provide DIN in case of director)

*Designation

*Date of Birth (DD/MM/YYYY)

Qualification

Verify PAN

*Father's or Husband's Name
Husband's Name

Father's Name

*Name

Permanent Residential Address

*Address Line 1

Address Line 2

*Country

*PIN/Zip code

*Area/Locality

*City

District

*State/UT

*Nationality

*Mobile

*Email ID

4 *Date of the board resolution (DD/MM/YYYY)

Attachments

(a) *Copy of Board resolution

Max 2 MB

Choose File

Remove

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(b) Optional attachment(s), if any

Max 2 MB

Choose File

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Verification

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

I or we have been authorised by the Board of directors' resolution number*

(DD/MM/YYYY) to sign and submit this form.

*I or we hereby consent to act as the person(s) charged for the purpose of Section 2(60)(iii) of the Companies Act, 2013

DSC BOX

***To be digitally signed by the person charged**

*DIN/ PAN of person charged

***To be digitally signed by**

*Designation

(Director/Manager/Company Secretary/ CFO/CEO/Managing Director)

*Director identification number of the director or Managing Director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the company 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:

- 1 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;
- 2 All the required attachments have been completely and legibly attached to this form

To be digitally signed by

Certified By

- Chartered accountant (in whole time practice)
- Company secretary (in whole-time practice)
- Cost accountant (in whole time practice)

Whether associate or fellow

- Fellow Associate

Membership number

Certificate of Practice number

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)



This eForm has been taken on file maintained by the Registrar
mode and on the basis of statement of correctness given by the

of Companies through electronic
company.

Form No. GNL-4

Form language

English Hindi

Form for filing Addendum for rectification of defects or incompleteness
[Pursuant to Rule 10 of the Companies (Registration Offices and Fees) Rules, 2014]

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Form Details

1 *Service Request Number (SRN) of relevant form(s)

(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)

Company Information

3 Corporate Identity Number (CIN) or Foreign Company Registration Number (FCRN)

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 form (applicable in case of filing in respect of non-company)

or company yet to be incorporated)

(d) *E-mail ID

Defect details and Other information

5 (a) *Details of the 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

Details of additional (differential) stamp duty

(b) (i) Amount of stamp duty

Document name ▼

(ii) Amount of stamp duty

Document name ▼

(iii) Amount of stamp duty

Document name ▼

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

Attachment

(a) Type of document

 ▼

Choose File

Remove

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(b) Type of document

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Choose File

Remove

Download

(c) Type of document

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Choose File

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(d) Type of document

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Choose File

Remove

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(e) Type of document

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Choose File

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Verification

To the best of my/our knowledge and belief, the information given in this form and attachments is correct and complete.

To be digitally signed by

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 Authorised person of the bank; or Designated partner of a LLP

DSC BOX

Designation

(Managing Director/Director/Manager/CFO/ CEO/ Company Secretary/Authorised Representative/Authorised Person/Designated partner)

DIN of the director or Managing director; or PAN of the manager or CEO or CFO or
Member or Authorised representative or Authorised Person; or Membership number
of the Company Secretary; or DIN of the designated partner

Director or Member

DSC BOX

Designation

(Director/Member)

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

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

DSC BOX

Designation

*(Charge holder/Applicant/Promoter/Liquidator/Individual/Partner/Auditor/
Partner of auditor's firm)*

Income tax PAN or Membership number

ARC or Assignee, Chairman, Person charged, others

DSC BOX

Designation

(ARC or Assignee/Chairman/Person charged/others)

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.

Category of professional

DSC BOX

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 or Certificate of practice number

Save

Submit

This eForm is not required to be signed by authorising officer as this has been filled in respect of an already filled eForm

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

Manoj

(MANOJ PANDEY)

Joint Secretary to the Government of India

Note: The principal rules were published in the Gazette of India, Part II, Extra ordinary, Section 3, Sub-section (i) *vide* number G.S.R. 268(E), dated the 31st March, 2014 and subsequently amended, *vide* G.S.R.12(E) dated the 11th January, 2022.