FORM NO. GNL-1

Form for filing an application with Registrar of Companies

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

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

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

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

(i) Category

Director identification number (DIN) or
Income-tax permanent account number
(Income-tax PAN) or passport number

Name

(ii) Category

DIN or Income-tax PAN or passport number

Name

(iii) Category

DIN or Income-tax PAN or passport number

Name

(iv) Category

DIN or Income-tax PAN or passport number

Name

(v) Category

DIN or Income-tax PAN or passport number

Name

(vi) Category

DIN or Income-tax PAN or passport number

Name

(vii) Category

DIN or Income-tax PAN or passport number

Name

(viii) Pre-fill

Category

DIN or Income-tax PAN or passport number

Name

(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

[ ]

(f) Section for which application is being filed

[ ]

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

[ ]

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	[ ]	
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	[ ] (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)"; [＿＿＿＿]