<b>FORM NO.</b> [Pursuant to Rule 10 of the Contemporation offices and Features and Feat	Companies	05689965858966	ng addendum for rectification of ncompleteness
Form Language	glish 🔿 Hindi		
Note - All fields marked in * ar	e to be mandatorily fill	ed.	
1.* Service request number (SR (Mention SRN of relevant form( in this field and verify the syste	s) in respect of which ad	-	Pre-fill isure that correct SRN is mentioned
2. (a) Date of SRN	(DI	D/MM/YYYY)	
(b) Form number(s)			
3. (a) Corporate identity number registration number (FCR		лу	
(b) Global location number (0	3LN) of company		
4.(a) Name of the company			
<ul> <li>(b) Address of the registered office or of the principal place of business in India of the company</li> <li>(c) Name of the person filing</li> </ul>	this form (applicable in c	ase of filing in respect of	non company or company yet to be
incorporated)			
(d)*e-mail ID			
5. (a) Details of defects pointed competent authority	out or further informatior	n called by the Registrar o	of Companies (RoC) or any other

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

6.(a) SRN of additional (different	ial) stamp duty payme	ent	Pre-fill	
Details of additional (differentia	ll) stamp duty			
(b) (i)Amount of stamp duty		Document name		
(ii) Amount of stamp duty		Document name		

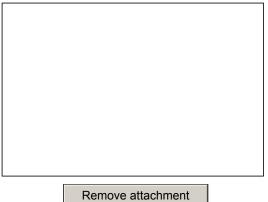
(iii) Amount of stamp duty

(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	Attach
(b) Type of document	Attach
(c) Type of document	Attach
(d) Type of document	Attach
(e) Type of document	Attach

Document name

## List of attachments



## 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

		-		ecretary (In case o	of an Indian co	mpany)
	sed representativ	e (In case of a for	eign company)	)		
Designation						
Income-tax PA	N of the manager	IN) of the director or CEO or CFO o le or income-tax P	r authorised re		a company wi	no is
		e his/ her income-			a company m	
2. Director or M	lanaging Director				]	
Designation				]		
DIN of the dire	ctor or Managing	Director				
advocate or a trustee of del or cost audito	attorney or pleade benture holder or or or chartered ac	er or person charge receiver or persor	ed or chargeho securing app -time practice	ras signed by appli older or ARC or ass ointment or auditor ) or company secre	signee or · or liquidator	
Designation				]		
Capacity						
Designation					]	
Designation						
			<u>`</u>	uding attachment(s		
and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.						
0	secretary (in whole		Ŭ		-	
Whether assoc	iate or fellow	<ul> <li>Associate</li> </ul>	◯ Fellow			
Membershin n	umber or certificat			<b></b>		
wennberomp n		te of practice				

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