

FORM NO. GNL-4

[Pursuant to Rule 10 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 in 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

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"/>	<input type="button" value="Attach"/>
(b) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(c) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(d) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(e) Type of document	<input type="text"/>	<input type="button" value="Attach"/>

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

1. Director or Managing Director or manager or CEO or CFO or secretary (In case of an Indian company)
or an authorised representative (In case of a foreign company)

Designation

Director identification number (DIN) of the director or Managing Director; or
Income-tax PAN of the manager or CEO or CFO or authorised representative; or
Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is
not a member of ICSI, may quote his/ her income-tax PAN)

2. Director or Managing Director

Designation

DIN of the director or Managing Director

3. In case the form in respect of which addendum is being filed was signed by applicant or subscriber or
advocate or attorney or pleader or person charged or chargeholder or ARC or assignee or
trustee of debenture holder or receiver or person securing appointment or auditor or liquidator
or cost auditor or chartered accountant (in whole-time practice) or company secretary (in whole-time practice)
or cost accountant (in whole-time practice) or others

I. Designation

Capacity

II. Designation

III. Designation

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

Modify

Check Form

Prescrutiny

Submit

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