FORM NO. [Pursuant to Rule 10 of the Co (Registration offices and Fee	ompanies	Form for filing addendum for rectification of defects or incompleteness
Form Language	lish 🔿 Hindi	
Note - All fields marked in * are	e to be mandatorily fill	ed.
1.* Service request number (SRN (Mention SRN of relevant form(s in this field and verify the system) in respect of which ad	Pre-fill dendum is being filed. Ensure that correct SRN is mentioned w)
2. (a) Date of SRN	(DI	D/MM/YYYY)
(b) Form number(s)		
3. (a) Corporate identity number registration number (FCRN		ny
(b) Global location number (G	LN) 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 the incorporated)	nis form (applicable in c	ase of filing in respect of non company or company yet to be
(d)*e-mail ID		
5. (a) Details of defects pointed of competent authority	but or further information	n called by the Registrar of Companies (RoC) or any other

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

6.(a) SRN of additional (differential)	stamp duty payment	Pr	e-fill	
Details of additional (differential)	stamp duty	I <u>µ</u>		
(b) (i)Amount of stamp duty	Docu	ment name		
(ii) Amount of stamp duty	Docu	ment name		

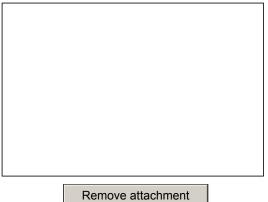
(iii) Amount of stamp duty

(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

			or manager or CE		-	In case o	f an Indian o	company)
	or an authoris	sed representative	e (In case of a for	eign company)			
D	esignation]			
Di	irector identific	cation number (D	IN) of the director	or Managing [┘ Director; o	r		
In	come-tax PAN	l of the manager	or CEO or CFO o	r authorised re	epresentat	tive; or		
Μ	embership nu	mber, if applicabl	e or income-tax P	AN of the secr	retary (seo	cretary of	a company	who is
nc	ot a member o	f ICSI, may quote	e his/ her income-	tax PAN)		•		
2.	Director or M	anaging Director			Γ			
D	esignation]		1	
D	IN of the direc	ctor or Managing	Director					
	advocate or a trustee of deb or cost audito	ttorney or pleade enture holder or r or chartered acc	which addendum i r or person charg receiver or persor countant (in whole ne practice) or otl	ed or chargehons securing apportering apportering apportering apportering apportering apportering apportering approximation appr	older or Al	RC or ass	ignee or or liquidator	
D	esignation] [
C	apacity							
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	ertificate s hereby certif	ied that I have ve	rified the above p	articulars (incl	uding atta	chment(s)) from the r	ecords of
	nd found them ttached to this	form.	orrect. I further ce	•				
		ccountent (in who	ple-time practice)	or () Cos	st account	ant (in wh	nole-time pra	actice) or
) Chartered a		• •					
at C C		ecretary (in whole	e-time practice)	Ŭ				
at C C W) Company se /hether associ	ecretary (in whole	e-time practice)) Fellow]

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