

# FORM NO. RD GNL-5

[Pursuant to Rule 40 and 41 of the  
Companies (Incorporation) Rules,  
2014]



Form for filing addendum  
for rectification of defects  
or incompleteness

Form language ☐ English ☐ Hindi

Note – All the 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) 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. (a) Details of the defects pointed out or further information called by the Regional Director or any other competent authority.

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

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6. (a) Type of document	<input type="text"/>	Attach
(b) Type of document	<input type="text"/>	Attach
(c) Type of document	<input type="text"/>	Attach
(d) Type of document	<input type="text"/>	Attach
(e) Type of document	<input type="text"/>	Attach

List of attachments

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Remove Attachment

### 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

DSC BOX

\*Designation

\*Director identification number of the director or Managing Director; or DIN or PAN of the Manager/CEO/CFO; or Membership Number of the Company Secretary

### 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.

\*To be digitally signed by

DSC BOX

\*Category

\*Whether Associate or Fellow ☐

Associate ☐

Fellow

\*Membership Number

Certificate of Practice Number

Modify

Check Form

Prescrutiny

Submit

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