

**Form No. GNL-4**

Form for filing Addendum for rectification of defects or incompleteness
[Pursuant to Rule 10 of the Companies (Registration Offices and Fees) Rules, 2014]

Form language

☒ English ☐ Hindi

सत्यमेव जयते

*Refer instruction kit for filing the form**All fields marked in * are mandatory***Form Details**

1 *Service Request Number (SRN) of relevant form(s)

(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)

Company Information

3 Corporate Identity Number (CIN) or Foreign Company Registration Number (FCRN)

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 form (applicable in case of filing in respect of non-company or company yet to be incorporated)

(d) *E-mail ID

Defect details and Other information

5 (a) *Details of the 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

Document name

(ii) Amount of stamp duty

Document name

(iii) Amount of stamp duty

Document name

(Ensure that correct type of document is selected from the list of documents given in the dropdown below. Maximum five documents can be attached)

Attachment

(a) Type of document	<input type="text"/>	Choose	Remove	Download
(b) Type of document	<input type="text"/>	Choose	Remove	Download
(c) Type of document	<input type="text"/>	Choose	Remove	Download
(d) Type of document	<input type="text"/>	Choose	Remove	Download
(e) Type of document	<input type="text"/>	Choose	Remove	Download

Verification

To the best of my/our knowledge and belief, the information given in this form and attachments is correct and complete.

To be digitally signed by

Director or Managing Director or Manager or CEO or CFO or Company Secretary
(in case of existing Company); or Authorised representative (in case of foreign Company);
or Authorised person of the bank; or Designated partner of a LLP

DSC BOX

Designation

(Managing Director/Director/Manager/CFO/ CEO/ Company Secretary/Authorised Representative/Authorised Person/Designated partner)

DIN of the director or Managing director; or PAN of the manager or CEO or CFO or Member or Authorised representative or Authorised Person; or Membership number of the Company Secretary; or DIN of the designated partner

Director or Member

DSC BOX

Designation

(Director/Member)

DIN of the director; or DIN/PAN of the Member

Charge holder, Applicant, Promoter, Liquidator, Individual, Partner, Auditor, Partner of auditor's firm

DSC BOX

Designation

(Charge holder/Applicant/Promoter/Liquidator/Individual/Partner/Auditor/ Partner of auditor's firm)

Income tax PAN or Membership number

ARC or Assignee, Chairman, Person charged, others

DSC BOX

Designation

(ARC or Assignee/Chairman/Person charged/others)

Capacity

DIN or Income tax PAN or Membership number

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.

Category of professional

DSC BOX

- ☐ Chartered accountant (in whole time practice)
☐ Company secretary (in whole-time practice)
☐ Cost accountant (in whole time practice)

Whether associate or fellow

- ☐ Associate ☐ Fellow

Membership number or Certificate of practice number

Save

Submit