

FORM NO. GNL-1

[Pursuant to rule 12(2) of the Companies
(Registration offices and Fees) Rules, 2014]



Form for filing an application with
Registrar of Companies

Form language ☒ English ☐ Hindi

Note - All fields marked in * are to be mandatorily filled.

1. * Category of applicant

2. * Name of office of the registrar of Companies (RoC) to which application is being made

3. (a) Corporate identity number (CIN) or foreign company
registration number (FCRN) of the company or Form INC -1
reference number (Service request number (SRN) of form INC - 1)

Pre-fill

(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) e-mail ID of the company

5. Details of applicant (in case category is others)

(a) Name

(b) Address

Line I

Line II

(c) City

(d) State

(e) ISO country code

(f) Country

(g) Pin code

(h) e-mail ID

6. * Application filed for

- ☐ Compounding of offences
☐ Extension of period of annual general meeting by three months
☐ Scheme of arrangement, amalgamation
☐ Others

7. If Others, then specify

8. *Details of application

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9. In case of application for compounding of offences, provide the following details

(a) Whether application for compounding offence is filed in respect of

☐ Company ☐ Director ☐ Manager or Secretary ☐ Other

(b) Number of person(s) for whom the application is being filed

(c) Details of person(s) for whom the application is being filed

(i)	Category <input style="width: 100%;" type="text"/>	Director identification number (DIN) or income-tax permanent account number (income-tax PAN) or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			
(ii)	Category <input style="width: 100%;" type="text"/>	DIN or income-tax PAN or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			
(iii)	Category <input style="width: 100%;" type="text"/>	DIN or income-tax PAN or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			
(iv)	Category <input style="width: 100%;" type="text"/>	DIN or income-tax PAN or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			
(v)	Category <input style="width: 100%;" type="text"/>	DIN or income-tax PAN or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			
(vi)	Category <input style="width: 100%;" type="text"/>	DIN or income-tax PAN or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			
(vii)	Category <input style="width: 100%;" type="text"/>	DIN or income-tax PAN or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			
(viii)	Category <input style="width: 100%;" type="text"/>	DIN or income-tax PAN or passport number <input style="width: 100%;" type="text"/>	<input type="button" value="Pre-fill"/>
Name <input style="width: 100%;" type="text"/>			

(d) Whether application is being filed

☐ Suo-motu ☐ In pursuance to notice received from RoC or any other competent authority

(e) Notice number and date of notice

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(f) Section for which application is being filed

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(g) Brief particulars as to how the default has been made good

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10. In case of application is made for extension of period of an AGM, mention financial

 (DD/MM/YYYY)
year end date in respect of which the application is being filed

11.(a) Service request number of Form MGT-14

(b) Date of passing special or ordinary resolution

 (DD/MM/YYYY)

(c) Date of filing form MGT-14

 (DD/MM/YYYY)

12. Particulars of payment of stamp duty

Total number of stamp duty payment(s) for which details to be entered

(i)

State or Union territory in respect of which stamp duty is paid	<table border="1" style="width: 100%; height: 20px;"></table>
Total amount of stamps or stamp paper (in Rs.)	<table border="1" style="width: 100%; height: 20px;"></table>
Particulars of instrument(s) on which stamp duty is paid	<table border="1" style="width: 100%; height: 60px;"></table>
Mode of payment of stamp duty	<table border="1" style="width: 100%; height: 20px;"></table>
Name of vendor authorised to collect stamp duty or to sell stamp papers on behalf of the Government	<table border="1" style="width: 100%; height: 60px;"></table>
Serial number of stamps or stamp paper	<table border="1" style="width: 100%; height: 20px;"></table>
Registration number of vendor	<table border="1" style="width: 100%; height: 20px;"></table>
Date of purchase of stamps or stamp paper	<table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> (DD/MM/YYYY)
Place of purchase of stamps or stamp paper	<table border="1" style="width: 100%; height: 20px;"></table>

Attachments

List of attachments

1. Board Resolution
2. Scheme of arrangement, amalgamation
3. *Detailed application
4. Copy of notice received from RoC or any other competent authority
5. Other attachments - if any

Attach

Attach

Attach

Attach

Attach

Remove Attachment

Verification

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

☐ I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this application.

☐ I am duly authorised to sign and submit this form.

To be Digitally signed by

Managing Director or director or manager or secretary or CEO or CFO (in case of an Indian company or an authorised representative (in case of a foreign company) or other)

Designation

DIN of the director or Managing Director or; income-tax PAN of the manager or authorised representative; or CEO or CFO Membership number

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that:

- i. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order ;
- ii. All the required attachments have been completely and legibly attached to this form

To be digitally signed by

- ☐ 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

Certificate of practice number

Note: Attention is also drawn to provisions of Section 447, section 448 and 449 of the Companies Act, 2013 which provide for punishment for fraud, punishment for false statement and punishment for false evidence respectively

Modify

Check Form

Prescrutiny

Submit

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

 (DD/MM/YYYY)

Confirm submission