Form No. GNL-1

Form for filing an application with Registrar of Companies

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



Form language

English Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

All fletas markea in * are manadiory		
General Information		
1 (a) *Purpose of filing		
Compounding of offences months	C Extension of period of	annual general meeting by three
O Scheme of arrangement, amalgamation	Others	
(b) Specify the purpose of the application		
(c) Specify the section under which application is being filed	I	V
Applicant Details		
2 *Category of Applicant (Company/ Foreign Company/Others)		V
3 Corporate Identity Number (CIN) or Foreign Company Regis (FCRN)	stration Number	
4 *Name of office of the Registrar of Companies (RoC) to which	ch application is being made	▼
5 (a) Name of the company		
(b) Address of the registered office or of the principal place of the company	f business in India of	
(c) E-mail ID of the company		
6 Details of applicant (in case category is others)		
(a) Director Identification Number (DIN) or Permanent Account	nt Number (PAN)	
(b) Name		
(c) Address Line 1		
Address Line 2		
Country		V
Pin Code/Zip code		
Area/Locality		T
City		
District		
State/UT		
(d) E-mail ID		

[भाग II—खण्ड3(i)] भारत का राजपत्र : असाधारण 9

Appl	cation Details					
7 *Details of application						
8 In case of application for compounding of offences, provide the following details						
(a)	(a) Whether application for compounding offence is filed in respect of					
	☐ Company	Director	Manager or	Secretary or CEO or CFO		
	Other					
(b)	Number of person(s) for whom	the application is being filed				
(c)	Details of person(s) for whom the	he application is being filed				
	Sr. no. Category	Director identification Income-tax permanent (Income-tax PAN) or p	account number	Name		
	3	V				
	3	V				
(d)	Whether application is being fil	ed				
() Suo-motu	In pursuance to notice	received from RoC or any	other competent authority		
(e)	Notice number					
(f)	Date of notice (DD/MM/YYYY	7)				
(g)	Section for which application is	being filed		▼		
(h)	If others, then specify					
(i)	Brief description of default					
(j)	Period of default – From (DD/N	MM/YYYY)				
(k)	Period of default – To (DD/MM	I/YYYY)				
(1)	Reasons that led to the default					
(m)	Whether the default has been m	ade good?	O Y	es O No		
(n)	If yes, how the default was mad	e good?				
(o)	If no, why the default has not be	een made good?				
(p)	Reasons why compounding fee	should not be levied				
(q)	Whether any investigation again Companies Act	nst the company has been initiated	under the Y	Yes No		
(r)	If yes, please specify the agency (SFIO/Others)	conducting the investigation		▼		
(s)	If Others, please specify the age	encies				
(t)	Brief particulars of the investiga	ation				

Category of professional

(b) E	bue date of holding Annual General Meeting; (DD/MM/YYYY)				
(c) D	ate till which extension is sought (DD/MM/YYYY)				
10 Sei	vice request number of Form MGT-14				
Attac	hments				
(a)	Copy of Board Resolution authorizing filling of the application	Max 2 MB	Choose	Remove	Download
(b)	Scheme of arrangement, amalgamation	Max 2 MB	Choose	Remove	Download
(c)	Detailed application	Max 2 MB	Choose	Remove	Download
(d)	Copy of notice received from RoC or any other competent authority	Max 2 MB	Choose	Remove	Download
(e)	Optional attachment(s)- if any	Max 2 MB	Choose	Remov	e Download
(DD/N	ave been authorized by Board of directors' resolution number MM/YYYY) to sign and submit this application. m duly authorized to sign and submit this form.			is correct an	d complete.
*To b CEO of a f	MM/YYYY) to sign and submit this application. m duly authorized to sign and submit this form. e digitally signed by (Managing Director or Director or Manager or CFO (in case of an Indian company) or an authorized representation company) or other gnation	or Secretary ontative (in cas	or		ox
*To b CEO of a f *Design(Mana)	MM/YYYY) to sign and submit this application. m duly authorized to sign and submit this form. e digitally signed by (Managing Director or Director or Manager or CFO (in case of an Indian company) or an authorized representation or company) or other	or Secretary ontative (in cas	or	dated	
*To b CEO of a f *Design(Managerer)	MM/YYYY) to sign and submit this application. m duly authorized to sign and submit this form. e digitally signed by (Managing Director or Director or Manager or CFO (in case of an Indian company) or an authorized representation of the company o	or Secretary ontative (in cas	or	dated	ox
*To b CEO of a f *Design (Mana Representation of the	MM/YYYY) to sign and submit this application. m duly authorized to sign and submit this form. e digitally signed by (Managing Director or Director or Manager or CFO (in case of an Indian company) or an authorized representation of the signation againg Director/Director/Manager/CFO/CEO/Company Secretory/Assentative/Others)	or Secretary on tative (in cassuthorized	or	dated	ox
*To b CEO of a f *Desi (Mana Repre	MM/YYYY) to sign and submit this application. m duly authorized to sign and submit this form. e digitally signed by (Managing Director or Director or Manager or CFO (in case of an Indian company) or an authorized representation aging Director/Manager/CFO/CEO/Company Secretory/Assentative/Others) ers, please specify ctor identification number of the Director Managing Director or; incomanager or authorized representative or; CFO or; CFO; or Members	or Secretary on tative (in cassuthorized	or	dated	ox
*To b CEO of a f *Desi; (Mana Repres If Oth *Director the of the	MM/YYYY) to sign and submit this application. m duly authorized to sign and submit this form. e digitally signed by (Managing Director or Director or Manager or CFO (in case of an Indian company) or an authorized representation aging Director/Director/Manager/CFO/CEO/Company Secretory/Assentative/Others) ers, please specify eter identification number of the Director Managing Director or; incomanager or authorized representative or; CEO or; CFO; or Members Company secretary	or Secretary on tative (in case with orized me-tax PAN hip number his form. It is he ject matter of the original/certific	ereby certifities form and ded records	DSC B	ve gone through cidental thereto by the Company/
*To b CEO of a f *Desi; (Mana Repres If Oth *Director the of the	MM/YYYY) to sign and submit this application. In duly authorized to sign and submit this form. In de digitally signed by (Managing Director or Director or Manager or CFO (in case of an Indian company) or an authorized representation of the company or other In gnation In digitally signed by (Managing Director or Director or Manager or eign company) or other In gnation In digitally signed by (Managing Director or Manager or Director/Manager/CFO/CEO/CEO/Company Secretory/Anager/CFO/CEO/CEO/Company Secretory/Anager/CFO/CEO/CEO/Company Secretory/Anager or authorized representative or; CEO or; CFO; or Members Company secretary In director or the purpose of certification of the provisions of the Companies Act, 2013 and rules thereunder for the submave verified the above particulars (including attachment(s)) from the lant which is subject matter of this form and found them to be true, contact the submave of the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submave of this form and found them to be true, contact the submave of the submaxed of the	or Secretary of the case of th	ereby certifiants form and ded records lete and no	DSC B	ve gone through cidental thereto by the Company/material to this

[भाग II—खण्ड 3(i)]	भारत का राजपत्र : असाधारण	11
Chartered accountant (in whole time practic	ce)	
Company secretary (in whole-time practice)		
Ost accountant (in whole time practice)		
Whether associate or fellow		
Associate Fellow		
Membership number		
Certificate of Practice number		
- Continued of Fractice number		
		Save
Note: Attention is also drawn to provisions of S punishment for fraud, punishment for false sta		
T. (0)		
For office use only:		
eForm Service request number (SRN)		
eForm filing date (DD/MM/YYYY)		
Digital signature of the authorizing officer		DSC BOX
This eForm is hereby approved/ registered		DSC BOX
This eForm is hereby rejected		DUC DOX
Date of signing (DD/MM/YYYY)		
		[F. No. 01/16/2013 CL-V (Pt-I)]
	IN	DER DEEP SINGH DHARIWAL, Jt. Secy.
		atra ordinary, Section 3, Sub-section (i) anded, <i>vide</i> number G.S.R. 107(E) dated