FORM NO. GNL-1

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

सत्यमेव जयते

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
- ○ Extending the period of annual accounts
- ○ Application for Dormant Status
- ○ Scheme of arrangement, amalgamation
- ○ Normalising a dormant company
- ○ Others

Note: Pursuant to second provise to clause (41) of section 2 of the Companies Act,2013 a company on the date of commencement of the Act has to align its Financial year with Clause (41) of section 2 within a period of 2 years from the date of commencement of the Act. Therefore, an application for extension of the period of Annual Accounts can be made only by companies already existing on the Commencement of the Act upto a period of 2 years of such commencement and not afterwards.

7. If others, then specify

8. *Details of application

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 | Director identification number (DIN) or income-tax permanent account number (income-tax PAN) or passport number | Pre-fill | Name

(ii) Category | DIN or income-tax PAN or passport number | Pre-fill | Name

(iii) Category | DIN or income-tax PAN or passport number | Pre-fill | Name

(iv) Category | DIN or income-tax PAN or passport number | Pre-fill | Name

(v) Category | DIN or income-tax PAN or passport number | Pre-fill | Name

(vi) Category | DIN or income-tax PAN or passport number | Pre-fill | Name

(vii) Category | DIN or income-tax PAN or passport number | Pre-fill | Name

(viii) Category | DIN or income-tax PAN or passport number | Pre-fill | Name

(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

(f) Section for which application is being filed

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

10. In case of application is made for extension of period of an AGM or Annual Accounts (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

State or Union territory in respect of which stamp duty is paid	
Total amount of stamps or stamp paper (in Rs.)	
Particulars of instrument(s) on which stamp duty is paid	
Mode of payment of stamp duty	
Name of vendor authorised to collect stamp duty or to sell stamp papers on behalf of the Government	
Serial number of stamps or stamp paper	
Registration number of vendor	
Date of purchase of stamps or stamp paper	(DD/MM/YYYY)
Place of purchase of stamps or stamp paper	

Attachments

List of attachments

1. Board resolution — Attach
2. Scheme of arrangement, amalgamation — Attach
3. *Detailed application — Attach
4. Copy of notice received from RoC or any other competent authority — Attach
5. Optional attachment(s) - if any — 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 application.

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 or Membership number of the secretary _____

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 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement and punishment for false evidence evidence.

Modify | Check Form | Prescrutiny | Submit

For office use only:

Affix filing details

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 ☐

Confirm submission

Date of signing _____ (DD/MM/YYYY)