

FORM NO.RD-1

*[Pursuant to the Companies Act, 2013 and
rule 40 and 41 of the Companies
(Incorporation) Rules, 2014]*

**Form for filing application to Regional Director****Form language** ☐ English ☐ Hindi**Note – All the fields marked in * are to be mandatorily filled.**

1. *(a) Corporate identity number (CIN) of company

Pre-fill

(b) Global location number (GLN) of company

2. (a) Name of the company

(b) Address of the registered office of the company

3. *Please indicate the purpose of the application

- ☐ Rectification of Name
☐ Change in financial year
☐ Conversion of Public company into a Private company
☐ Others

4. Specify 'others'

5. (a) CIN of company against which the application for rectification
of name is being made**Pre-fill**

(b) Name of the company against which the application is made

6. Details as to whether a company registered under Section 8 of the Act

☐ Yes☐ No7. (a) The date of board meeting at which the proposal for alteration
of Articles was approved

(DD/MM/YYYY)

(b) Date of passing special resolution

(DD/MM/YYYY)

(c) Service request number of Form MGT-14

(DD/MM/YYYY)

(d) Date of filing Form MGT-14

(DD/MM/YYYY)

8. *Details of application

Attachments

1. *Statement of the grounds on which the application is made
2. Copy of board resolution
3. Copy of special resolution
4. Copy of advertisement
5. List of creditors and debenture holders
6. Declaration by KMP on compliance of section 2(68)
7. Other declarations
8. Optional attachment(s)- if any

Attach

Attach

Attach

Attach

Attach

Attach

List of Attachments

Remove attachment

Declaration

I am authorized by the Board of Directors of the company vide resolution number *

dated*

(DD/MM/YYYY) to sign this form and declare that all the requirements of the Companies Act 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

*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

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

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)
(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

6. (a) Type of document		Attach
(b) Type of document		Attach
(c) Type of document		Attach
(d) Type of document		Attach
(e) Type of document		Attach

List of attachments

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

*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

*Category

*Whether Associate or Fellow ☐ Associate ☐ Fellow

*Membership Number

Certificate of Practice Number