

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

General Information

1 (a) *Purpose of filing

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

(b) Specify the purpose of the application

(c) Specify the section under which application is being filed



Applicant Details

2 *Category of Applicant

(Company/ Foreign Company/Others)



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

4 *Name of office of the Registrar of Companies (RoC) to which application is being made



5 (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

6 Details of applicant (in case category is others)

(a) Director Identification Number (DIN) or Permanent Account Number (PAN)

(b) Name

(c) Address Line 1

Address Line 2

Country



Pin Code/Zip code

Area/Locality



City

District

State/UT

(d) E-mail ID

Application Details

7 *Details of application

8 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 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 application is being filed

Sr. no.	Category	Director identification number (DIN) or Income-tax permanent account number (Income-tax PAN) or passport number	Name
1			
2			
3			

(d) Whether application is being filed

☐ Suo-motu

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

(e) Notice number

(f) Date of notice (DD/MM/YYYY)

(g) Section for which application is being filed

(h) If others, then specify

(i) Brief description of default

(j) Period of default – From (DD/MM/YYYY)

(k) Period of default – To (DD/MM/YYYY)

(l) Reasons that led to the default

(m) Whether the default has been made good?

☐ Yes

☐ No

(n) If yes, how the default was made good?

(o) If no, why the default has not been made good?

(p) Reasons why compounding fee should not be levied

(q) Whether any investigation against the company has been initiated under the Companies Act

☐ Yes

☐ No

(r) If yes, please specify the agency conducting the investigation (SFIO/Others)

(s) If Others, please specify the agencies

(t) Brief particulars of the investigation

9 (a) In case of application is made for extension of period of an AGM mention financial year (DD/MM/YYYY)
end date in respect of which the application is being filed

(b) Due date of holding Annual General Meeting; (DD/MM/YYYY)

(c) Date till which extension is sought (DD/MM/YYYY)

10 Service request number of Form MGT-14

Attachments

(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	Remove	Download

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 authorized by Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this application.

☐ I am duly authorized 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 authorized representative (in case of a foreign company) or other**

DSC BOX

*Designation

(Managing Director/Director/Manager/CFO/ CEO/ Company Secretary/Authorized Representative/Others)

If Others, please specify

*Director identification number of the Director Managing Director or; income-tax PAN of the manager or authorized representative or; CEO or; CFO; or Membership number of the Company 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

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

Certificate of Practice number

Save

Submit

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 / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby approved/ registered

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)