

6. In the said rules, after form No. INC-34, the following form shall be inserted, namely:-

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.

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

Pre-fill

(b) Global location number (GLN) of company

5. (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
O yes O No

7. the date of board meeting at which the proposal for alteration of Articles was approved

(a) Date of passing special resolution

(DD/MM/YYYY)

(b) Service request number of Form MGT-14

(c) 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

List of Attachments**Declaration**

I am authorized by the Board of Directors of the company vide resolution num (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.

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)

FORM NO. RD GNL-5

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



सत्यमेव जयते

Form for filing Addendum for rectification
of defects or incompleteness

Form language

☒ English ☐ Hindi

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

1 * Service Request Number (SRN) of relevant form(s)

Pre-fill

(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) or Foreign company
registration number(FCRN) of the company

(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) Name of the person filing form (applicable in case of filing with respect of non company or company yet to be incorporated)

(d) *E-mail ID

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

1 of 3

6.(a) SRN of additional(differential) stamp duty payment

Pre-Fill

Details of additional(differential) stamp duty

(b) (i) Amount of stamp duty

Document name

(ii) Amount of stamp duty

Document name

(iii) Amount of stamp duty

Document name

(Ensure that correct type of document is selected from the list of documents given in the drop down below.
Maximum five documents can be attached).

(7) (a) Type of document

(b) Type of document

(c) Type of document

(d) Type of document

(e) Type of document

List of attachments

Remove attachment

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

Director or Managing Director or Manager or CEO or CFO or Company
Secretary (in case of existing Company), or Authorized representative
(in case of foreign Company), or Authorized person of the bank, or
Designated partner of a LLP

Designation

DIN of the director or Managing director, or PAN of the manager or CEO or CFO or
Member or Authorized representative or Authorized Person, or
Membership number of the Company Secretary, or DIN of the designated partner

Director or Member

Designation

DIN of the director, or DIN/PAN of the Member

Charge holder, Applicant, Promoter, Liquidator, Individual, Partner,
Auditor, Partner of auditor's firm

Designation

Income tax PAN or Membership number

ARC or Assignee, Chairman, Person charged, others

Designation

Capacity

DIN or Income tax PAN or Membership number

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.

Category of professional

☐ Chartered accountant(in whole-time practise) or

☐ Cost accountant(in whole-time practise) or

☐ Company secretary(in whole-time practise)

Whether associate or fellow

☐ Associate

☐ Fellow

Membership number or Certificate of practice number

Check Form

This form is not required to be signed by authorizing officer as this has been filled in respect of an
already filled eForm