FORM NO. GNL-4

[Pursuant to Rule 10(7) of the Companies (Registration offices and Fee) Rules, 2014]



Form for filing addendum for rectification of defects or incompleteness

Form Language	English	○ Hindi				
Note - All fields marked i	in * are to be r	mandatorily fille	d.			
1.* Service request number	er (SRN) of rele	evant form(s)			Pre-fill	
(Mention SRN of relevant in this field and verify the	form(s) in resp system display	pect of which add yed details below	endum is being fi	led. Ensur	e that correct	SRN is mentioned
2. (a) Date of SRN		(DD	/MM/YYYY)			
(b) Form number(s)		**				
(a) Corporate identity no registration number	umber (CIN) or (FCRN) of the	r foreign compan company	у			
(b) Global location num	ber (GLN) of	company				
4.(a) Name of the compar	ny					
(b) Address of the registered office or of the principal place of business ir India of the compar						
incorporated)						
(d)*e-mail ID						
5. (a) Details of defects p competent authority		urther information	called by the Re	gistrar of (Companies (R	oC) or any other



*			
a) SRN of additional (differential) stamp du	ty payment	Pre-fill	
tails of additional (differential) stamp du			
) (i)Amount of stamp duty	Document name	**	
(ii) Amount of stamp duty	Document name		
(iii) Amount of stamp duty	Document name		
nsure that correct type of document is select laximum five documents can be attached).	cted from the list of documents g	ven in the drop down bel	ow.
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Verification

To be digitally signed by

To the best of my/ our knowledge and belief, the information given above and in the attached documents is correct and complete.

Designation	<u> </u>
ncome-tax PA Membership ni	cation number (DIN) of the director or Managing Director; or N of the manager or CEO or CFO or authorised representative; or Imber, if applicable or income-tax PAN of the secretary (secretary of a company who is of ICSI, may quote his/ her income-tax PAN)
. Director or M	flanaging Director
Designation	<u> </u>
OIN of the dire	ector or Managing Director
advocate or trustee of de or cost audit	orm in respect of which addendum is being filed was signed by applicant or subscriber or attorney or pleader or person charged or chargeholder or ARC or assignee or benture holder or receiver or person securing appointment or auditor or liquidator or or chartered accountant (in whole-time practice) or company secretary (in whole-time practice) untant (in whole-time practice) or others
Designation	
Capacity	
Designation	
Designation	
Certificate t is hereby cer	tified that I have verified the above particulars (including attachment(s)) from the records of
	em to be true and correct. I further certify that all required attachment(s) have been completely nis form.
attached to the	l accountant (in whole-time practice) or Cost accountant (in whole-time practice) or
attached to the Chartered	
Company	accountant (in whole-time practice) or Cost accountant (in whole-time practice) or

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

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