

FORM NO. GNL-4

[Pursuant to Rule of 10 of the Companies
(Registration Offices and Fees) Rules, 2014]



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 Registrar of Companies (RoC) or any other competent authority.

(b)* Details of rectification of the defects or further information furnished

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

Attach

(b) Type of document

Attach

(c) Type of document

Attach

(d) Type of document

Attach

(e) Type of document

Attach

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

Modify

Check Form

Prescrutiny

Submit

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