

**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 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

**Details of additional(differential) stamp duty**

(b) (i) Amount of stamp duty <input type="text"/>	Document name <input type="text"/>
(ii) Amount of stamp duty <input type="text"/>	Document name <input type="text"/>
(iii) Amount of stamp duty <input type="text"/>	Document name <input type="text"/>

(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	<input type="text"/> <input type="button" value="Select"/>
(b) Type of document	<input type="text"/> <input type="button" value="Select"/>
(c) Type of document	<input type="text"/> <input type="button" value="Select"/>
(d) Type of document	<input type="text"/> <input type="button" value="Select"/>
(e) Type of document	<input type="text"/> <input type="button" value="Select"/>

**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

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