[TO BE PUBLISHED IN THE GAZETTE OF INDIA, EXTRAORDINARY, PART II, SECTION 3, SUB-SECTION (i)]

GOVERNMENT OF INDIA MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi the 2 January, 2023

- **G.S.R. (E).** -In exercise of the powers conferred by sections 396, 398, 399, 403 and 404 read with sub-sections (1) and (2) of section 469 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (Registration Offices and Fees) Rules, 2014, namely:-
- 1. Short title and commencement.- (1) These rules may be called the Companies (Registration Offices and Fees) Amendment Rules, 2023.
- (2) They shall come into force with effect from 23rd January, 2023.
- 2. In the Companies (Registration Offices and Fees) Rules, 2014 (hereinafter referred to the said rules),
- (A) after rule 8, the following -rule shall be inserted, namely.-
 - "8A. Signing of forms.- e-forms wherever applicable shall be signed by Insolvency resolution professional or resolution professional or liquidator of companies under insolvency or liquidation, as the case may be, and filed with the Registrar along with the fee as mentioned in Table annexed these rules."
- (B) in the Annexure to the rules, for Form GNL-2, Form GNL-3 and Form GNL-4, the following forms shall be substituted, namely.-

Form No. GNL-2 Form language Form for submission of documents with the Registrar English Hindi [Pursuant to the rule 12(2) of the Companies (Registration Offices and Fees) Rules, 2014] Refer instruction kit for filing the form All fields marked in * are mandatory **Company Information** 1 (a) *Corporate Identity Number (CIN) (b) *Name of the company (c) *Address of the registered office of the company (d) *Email ID of the company Purpose of filing the form 2 (a) *Please indicate the document being filed Red Herring Prospectus O Prospectus Circular or Circular in the form of Advertisement inviting Deposits in DPT-1 Private placement offer letter or Record of a private placement offer to be kept by the company O Form 152 of the Companies O Form 149 of the Companies (Court) Rules, 1959 (Court) Rules, 1959 O Form 153 of the Companies (Court) Rules, 1959 Form 154 of the Companies (Court) Rules, 1959 Form 157 of the Companies Form 156 of the Companies (Court) Rules, 1959 (Court) Rules, 1959 O Form 158 of the Companies (Court) Rules, 1959 Form 159 of the Companies (Court) Rules, 1959 Others Final Report on Completion of liquidation process by Liquidator Affidavit under Section 59 of the Insolvency and Bankruptcy Code, 2016

(b) If others, then specify

Advertisement Inviting Deposits				
3 (a) Expected date of issue of Advertisement (DD/MM/YYYY)				_
(b) Expected opening date of Acceptance of Deposits (DD/MM/YYYY)				
(c) Expected date of expiry of validity of advertisement or circular (DD/MM/YYYY)				
References				
4 (a) Act under which the document is being filed (Companies Act, 2013/ Companies Act, 1956/ Insolvency and Bankruptcy Code, 2016)				[
(b) Section(s) of the Companies Act, 2013 or the Companies Act, and Bankruptcy Code 2016, under which the document is being				
(i) Section(s) of the Companies Act, 2013 under which the document is being filed				_[
(ii) Section(s) of the Companies Act, 1956 under which the document is being filed				_[
(iii) Section(s) of the Insolvency and Bankruptcy Code, 2016 under which the document is being filed				_[
Special Resolution and Other Details				
5 (a) Service request number of Form MGT-14				_
(b) Date of passing special (SR) or ordinary resolution (OR) (DD/N	MM/YYYY)			_
6 (a) *Date of event (DD/MM/YYYY)				
(b) Date of declaration by majority of directors (DD/MM/YYYY)				_
Attachments				
(a) Copy of prospectus	Max 2 MB	Choose File	Remove Dow	vnload
(b) Copy of red herring prospectus	Max 2 MB	Choose File	Remove	wnload
(c) Circular or Circular in the form of Advertisement inviting Deposits in DPT-1	Max 2 MB	Choose File	Remove	vnload
(d) Private placement offer letter or record of private placement offer letter to be kept by the company	Max 2 MB	Choose File	Remove Dow	wnload

(e)	Form 149 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(f)	Form 152 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(g)	Form 153 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(h)	Form 154 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(i)	Form 156 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(j)	Form 157 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(k)	Form 158 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(1)	Form 159 of the Companies (Court) Rules, 1959	Max 2 MB	Choose File	Remove	Download
(m)	Final Report on Completion of liquidation process by Liquidator	Max 2 MB	Choose File	Remove	Download
(n)	Any other relevant document	Max 2 MB	Choose File	Remove	Download
(o)	Audited financial statements and record of business operations of the company for the previous two years or for the period since its incorporation, whichever is later	Max 2 MB	Choose File	Remove	Download
(p)	A report of the valuation of the assets of the company, if any, prepared by a Registered Valuer	Max 2 MB	Choose File	Remove	Download
(q)	Affidavit under section 59 of the Insolvency and Bankruptcy Code, 2016	Max 2 MB	Choose File	Remove	Download
(r)	Optional attachment(s) - if any	Max 2 MB	Choose File	Remove	Download
Verif	cation				
	e best of my knowledge and belief, the information given in lete.	this form and its attachm	ents is correct	and	
	e been authorised by the board of directors' resolution date and submit this	d	DD/MM/YY	YY) to	
To be	e digitally signed by		DSC BOX		
Parti	culars of the person signing and submitting the form				
Nam	e				

Capacity	
Director or manager or secretary or CEO/CFO or IRP/RP/Liquidator of the company	
Designation (Director/ Manager/ Company Secretary/ CEO/ CFO/ IRP/ RP/ Liquidator/ Others)	
Director identification number of the director or membership number of the secretary or	
DIN/PAN of the Manager/CEO/CFO/IRP/RP/Liquidator	
Verification	
To the best of my/our knowledge and belief, the information given in this form and its attachmomplete. I am/ We are duly authorised to sign and submit this form.	nents is correct and
To be digitally signed by	
Liquidators of the Company DSC BOX DSC BOX	DSC BOX
	Save
Note: Attention is drawn to provisions of section 448 and 449 of the Companies Act, 2013 we punishment for false statement / certificate and punishment for false evidence respectively	hich provide for
For office use only:	
eForm Service request number (SRN)	
eForm filing date (DD/MM/YYYY)	
This eForm is hereby registered	
Digital signature of the authorizing officer	DSC BOX
Date of signing (DD/MM/YYYY)	

OR

This eForm has been taken on file maintained by the registrar of companies through electronic mode and based on statement of correctness given by the company.

Form No. GNL-3 Form language Particulars of person(s) charged for the purpose of sub clause (iii) or (iv) of English Hindi clause 60 of section 2 [Pursuant to the Companies Act, 2013 and sub rule (3) of rule12 of the Companies Registration Offices and Fees) Rules, 2014] Refer instruction kit for filing the form All fields marked in * are mandatory **Entity details** 1 *Corporate Identity Number (CIN) 2 (a)* Name of the company (b)* Address of the registered office of the company (c)* Email ID of the company Officer Details 3 *Number of person(s) charged Particulars of person(s) charged *Whether consent is accepted or withdrawn or revoked Revocation Withdrawal Acceptance *Date of consent or revocation given under sub-clause (iii) of clause (60) of section 2 (DD/MM/YYYY) *Officer in default *Name *Provision(s) of the Companies Act to which the consent relates *Director Identification Number (DIN) or income tax permanent Account number (income-tax PAN) (Please provide DIN in case of director)

*Designation

Qualification

*Date of Birth (DD/MM/YYYY)

Verify PAN

*Father's or Husband's Name Husband's Name	Father's Name
*Name	
Permanent Residential Address	
*Address Line 1	
Address Line 2	
*Country	
*PIN/Zip code	
*Area/Locality	
*City	
District	
*State/UT	
*Nationality	
*Mobile	
*Email ID	
4 *Date of the board resolution (DD/MM/YYYY)	
Attachments	
(a) *Copy of Board resolution	Max 2 MB Choose File Remove
(b) Optional attachment(s), if any	Max 2 MB Choose File Remove
Verification	
To the best of our knowledge and belief, the information complete.	given in this form and its attachments is correct and
I or we have been authorised by the Board of directors' i	esolution number*
(DD/MM/YYYY) to	sign and submit this form.
■ *I or we hereby consent to act as the person(s) charge	ged for the purpose of Section 2(60)(iii) of the Companies

*To be digitally signed by the person charged	
*DIN/ PAN of person charged	
*To be digitally signed by	
*Designation (Director/Manager/Company Secretary/ CFO/CEO/Managing Director) *Director identification number of the director or Managing Director; or DIN or PAN of the	V
manager 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:	
 1 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; 2 All the required attachments have been completely and legibly attached to this form 	
To be digitally signed by	
Certified By	
O Chartered accountant (in whole time practice)	
O Company secretary (in whole-time practice)	
O Cost accountant (in whole time practice)	
Whether associate or fellow	
O Fellow O Associate	
Membership number	
Certificate of Practice number	
Save	ubmit

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for 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)	
This eForm has been taken on file maintained by the Registrar mode and on the basis of statement of correctness given by the सत्यमेव जयते company.	ies through electronic
Form No. GNL-4	Form language
	English Mindi
Form for filing Addendum for rectification of defects or incompleteness [Pursuant to Rule 10 of the Companies (Registration Offices and Fees) Rules, 2014]	
Refer instruction kit for filing the form	
All fields marked in * are mandatory	
Form Details	
1 *Service Request Number (SRN) of relevant form(s)	
(Mention SRN of relevant form(s) in respect of which addendum is being filed. Ensure that comentioned in this field and verify the system displayed details below)	orrect SRN is
2 (a) *Date of SRN (DD/MM/YYYY)	
(b) *Form number(s)	
Company Information	
3 Corporate Identity Number (CIN) or Foreign Company Registration Number (FCRN)	
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 in respect of non-company	

or company yet to be incorporated)					
(d) *E-mail ID					
Defect details and Other information	Gt.				
5 (a) *Details of the defects pointed out o other competent authority	r further information called b	the Registrar of Co	mpanies (Ro	C) or any	
(b) *Details of rectification of the defect	s or further information furni	shed			
6 (a) SRN of additional (differential) stamp	p duty payment				
Details of additional (differential) stam	p duty				
(b) (i) Amount of stamp duty		Document name			V
(ii) Amount of stamp duty		Document name			V
(iii) Amount of stamp duty		Document name			V
(Ensure that correct type of document is Maximum five documents can be attached		ments given in the d	ropdown be	low.	
Attachment					
(a) Type of document		V	Choose File	Remove	Download
(b) Type of document	4	V	Choose File	Remove	Download
(c) Type of document		V	Choose File	Remove	Download
(d) Type of document		V	Choose File	Remove	Download
(e) Type of document		V	Choose File	Remove	Download

Verification

To the best of my/our knowledge and belief, the information given in this form and attachments 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 Authorised representative (in case of foreign Company); or Authorised person of the bank; or Designated partner of a LLP	DSC BOX
Designation (Managing Director/Director/Manager/CFO/ CEO/ Company Secretory/Authorised Representative/Authorised Person/Designated partner)	V
DIN of the director or Managing director; or PAN of the manager or CEO or CFO or Member or Authorised representative or Authorised Person; or Membership number of the Company Secretary; or DIN of the designated partner	
Director or Member	DSC BOX
Designation (Director/Member)	V
DIN of the director; or DIN/PAN of the Member	
Charge holder, Applicant, Promoter, Liquidator, Individual, Partner, Auditor, Partner of auditor's firm Designation	DSC BOX
(Charge holder/Applicant/Promoter/Liquidator/Individual/Partner/Auditor/ Partner of auditor's firm)	
Income tax PAN or Membership number	
ARC or Assignee, Chairman, Person charged, others	DSC BOX
Designation (ARC or Assignee/Chairman/Person charged/others)	V
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 and found them to be true and correct. I further certify that all required attachment(s) have attached to this form.	
Category of professional	DSC BOX

This eForm is not required to be signed by authorising officer as this has been filled in respective.	ect of an already fille	ed
	Save	Submit
Membership number or Certificate of practice number		
O Associate O Fellow		
Whether associate or fellow		
O Cost accountant (in whole time practice)		
O Company secretary (in whole-time practice)		
Chartered accountant (in whole time practice)		

[F. No. 01/16/2013 CL-V (Pt-I)]

(MANOJ PANDEY)

Joint Secretary to the Government of India

Note: The principal rules were published in the Gazette of India, Part II, Extra ordinary, Section 3, Sub-section (i) *vide* number G.S.R. 268(E), dated the 31st March, 2014 and subsequently amended, *vide* G.S.R.12(E) dated the 11th January, 2022.