

# Form No.GNL-1

## Form for filing an application with Registrar of Companies

[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



Form language

English  Hindi

### General Information

1(a)\*Purpose of filing

- Compounding of offences  Extension of period of annual general meeting by three months
- Scheme of arrangement, amalgamation  Others

(b) Specify the purpose of the application

(c) Specify the section under which application is being filed

### Applicant Details

2 \*Category of Applicant

(Company/Foreign Company/Others)

Company

3 Corporate Identity Number (CIN) or Foreign Company Registration Number (FCRN)

L24230MH1958PLC011078

4 \*Name of office of the Registrar of Companies (RoC) to which application is being made

Registrar of Companies, Maharashtra, Mumbai

5 (a) Name of the company

KOPRAN LIMITED

(b) Address of the registered office or of the principal place of business in India of the company

PARIJAT HOUSE1076 DR E MOSES ROAD WORLI  
MUMBAI-  
18MUMBAI,,NA,Maharashtra,India,400018

(c) E-mail ID of the company

\*\*\*\*\*pran.com

### 6 Details of applicant (in case category is others)

(a) Director Identification Number (DIN) or Permanent Account Number(PAN)

(b) Name

(c) Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District	<input type="text"/>
State/UT	<input type="text"/>
(d) E-mail ID	<input type="text"/>

### Application Details

7\* Details of application

SCHEME OF AMALGAMATION( MERGER BY ABSORPTION) BETWEEN KOPRAN LABORATORIES LIMITED THE TRANSFEROR COMPANY WITH KOPRAN LIMITED THE TRANSFEREE COMPANY SUBJECT TO APPROVAL OF NATIONAL COMPANY LAW TRIBUNAL MUMBAI BENCH MUMBAI AND OTHER RELEVANT AUTHORITIES.

8 In case of application for compounding of offences, provide the following details

(a) Whether application for compounding offence is filed in respect of

- Company
  Director
  Manager or Secretary or CEO or CFO
   
 Other

(b) Number of person(s) for whom the application is being filed

(c) Details of person(s) for whom the application is being filed

S.no	Category	Director identification number (DIN) or Income-tax permanent account number (Income-tax PAN) or passport number	Name

(d) Whether application is being filed

- Suo-motu
  In pursuance to notice received from RoC or any other competent authority

(e) Notice number

(f) Date of notice (DD/MM/YYYY)

(g) Section for which application is being filed

(h) If others, then specify

(i) Brief description of default

(j) Period of default – From (DD/MM/YYYY)

(k) Period of default – To (DD/MM/YYYY)

(l) Reasons that led to the default

(m) Whether the default has been made good?

- Yes
  No

(n) If yes, how the default was made good?

(o) If no, why the default has not been made good?

(p) Reasons why compounding fee should not be levied

(q) Whether any investigation against the company has been initiated under the Companies Act  Yes  No

(r) If yes, please specify the agency conducting the investigation (SFIO/Others)

(s) If Others, please specify the agencies

(t) Brief particulars of the investigation

9 (a) In case of application is made for extension of period of an AGM mention financial year  (DD/MM/YYYY)  
end date in respect of which the application is being filed

(b) Due date of holding Annual General Meeting; (DD/MM/YYYY)

(c) Date till which extension is sought (DD/MM/YYYY)

10 Service request number of Form MGT-14

**Attachments**

(a) Copy of Board Resolution authorizing filling of the application

(b) Scheme of arrangement, amalgamation

(c) Detailed application

(d) Copy of notice received from RoC or any other competent authority

(e) Optional attachment(s)- if any

**Verification**

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

I have been authorized by Board of directors' resolution number  dated   
(DD/MM/YYYY) to sign and submit this application.

I am duly authorized to sign and submit this form.

**\*To be digitally signed by (Managing Director or Director or Manager or Secretary or CEO or CFO (in case of an Indian company) or an authorized representative (in case of a foreign company) or other**

\*Designation   
(Managing Director/Director/Manager/CFO/ CEO/ Company Secretary/Authorized Representative/Others)

\*Director identification number of the Director Managing Director or; income-tax PAN of the manager or authorized representative or; CEO or; CFO; or Membership number of the Company secretary

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If Others, please specify

### 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:

- (i) 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.
- (ii) All the required attachments have been completely and legibly attached to this form.

To be digitally signed by

Category of professional

- Chartered accountant (in whole-time practice)
- Company secretary (in whole-time practice)
- Cost accountant (in whole-time practice)

Whether associate or fellow

- Associate
- Fellow

Membership number

Certificate of Practice number

6\*4\*

*Note: Attention is also drawn to provisions of section 447, section 448 and 449 of the Companies Act, 2013 which provide for punishment for fraud, punishment for false statement / certificate and punishment for false evidence respectively.*

### For office use only:

eForm Service request number (SRN)

AC3238186

eForm filing date (DD/MM/YYYY)

29/04/2026

Digital signature of the authorizing officer

This eForm is hereby rejected

This eForm is hereby approved/ registered

Date of signing (DD/MM/YYYY)