FORM NO. GNL-1

[Pursuant to rule 12(2) of the Companies (Registration offices and Fees) Rules,2014]



Form for filing an application with Registrar of Companies

Note - All fields marked in * are to be mandatorily filled. 1. *Category of applicant Company 2. *Name of office of the registrar of Companies (RoC) to which application is being made Registrar of Companies, Mumbai 3. (a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company or RUN reference number (Service request number (SRN) of RUN) (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) e-mail ID of the company (c) e-mail ID of the company (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID 3. *Application filed for	Form language	English () Hindi	
2. *Name of office of the registrar of Companies (RoC) to which application is being made Registrar of Companies, Mumbai 3. (a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company or RUN reference number (Service request number (GLN) of 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) e-mail ID of the company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	Note - All fields marke	ed in * are to be mandatorily filled.	
2. *Name of office of the registrar of Companies (RoC) to which application is being made Registrar of Companies, Mumbai 3. (a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company or RUN reference number (Service request number (SRN) of RUN) (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) e-mail ID of the company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	1. *Category of applicant Co	ompany	
3. (a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company or RUN reference number (Service request number (SRN) of RUN) (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) e-mail ID of the company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID			
registration number (FCRN) of the company or RUN reference number (Service request number (SRN) of RUN) (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) e-mail ID of the company (c) e-mail ID of the company (d) Address Line I (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	Registrar of Companies, N		
registration number (FCRN) of the company or RUN reference number (Service request number (SRN) of RUN) (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) e-mail ID of the company (d) Address Line I (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(a) Corporate identity number	er (CIN) or foreign company	Pre-fill
(b) Global location number (GLN) of company 4. (a) Name of the company PHIROZE SETHNA PRIVATE LIMITED CHEMBOND CENTRE, EL-71, MIDC MAHAPE NAVI MUMBAI Thane Maharashtra ALOOM 5. Details of applicant (in case category is others) (a) Name (b) Address (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	-	RN) of the company or RUN reference number	1 10 1111
4. (a) Name of the company PHIROZE SETHNA PRIVATE LIMITED (b) Address of the registered office or of the principal place of business in India of the Company (c) e-mail ID of the company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID			
(b) Address of the registered office or of the principal place of business in India of the Company (c) e-mail ID of the company (c) e-mail ID of the company (a) Name (b) Address (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(b) Global location number ((GLN) of company	_
registered office or of the principal place of business in India of the Company (c) e-mail ID of the company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	4. (a) Name of the company	PHIROZE SETHNA PRIVATE LIMITED	
registered office or of the principal place of business in India of the Company (c) e-mail ID of the company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID			
registered office or of the principal place of business in India of the Company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(b) Address of the	CHEMPOND CENTRE EL 74]]
of business in India of the Company (c) e-mail ID of the company (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID			
of the Company Maharashtra AnO710 (c) e-mail ID of the company CS*******IA.COM 5. Details of applicant (in case category is others) (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID			
(c) e-mail ID of the company CS*********IA.COM 5. Details of applicant (in case category is others) (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID			
5. Details of applicant (in case category is others) (a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID]
(a) Name (b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(c) e-mail ID of the company	CS******IA.COM	
(b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	5. Details of applicant (in case	category is others)	
(b) Address Line I Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(a) Name		
Line II (c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(a) Namo		
(c) City (d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(b) Address Lin	e l	
(d) State (e) ISO country code (f) Country (g) Pin code (h) e-mail ID	Lin	e II	
(e) ISO country code (f) Country (g) Pin code (h) e-mail ID	(c) City		
(f) Country (g) Pin code (h) e-mail ID	(d) State		
(g) Pin code (h) e-mail ID	(e) ISO country code	€	
(g) Pin code (h) e-mail ID	(f) Country		
(h) e-mail ID			
5. *Application filed for			
	6. *Application filed for		
Compounding of offences	<u> </u>		
Extension of period of annual general meeting by three months			
Scheme of arrangement, amalgamationOthers		nent, amaigamation	
7. If Others, then specify	0		
The State of the s	7. II Othors, their specify		1

8. *Details of application

Company"/ "Transferee Co.") and Chembond Chemical Specialties Ltd. ("Resulting Co."), Chembond Clean Water Technologies Ltd. ("Transferor Co. No. 1") and Chembond Material Technologies Private Ltd. ("Transferor Co. No. 2") and Phiroze Sethna Private Ltd. ("Transferor Co. No. 3") and Gramos Chemicals (India) Private Ltd ("Transferor Co. no. 4") and their respective shareholders and creditors. 9. In case of application for compounding of offences, provide the following details (a) Whether application for compounding offence is filed in respect of Director Manager or Secretary or CEO or CFO Other Company (b) Number of person(s) for whom the application is being filed (c) Details of person(s) for whom the application is being filed (i) Category Director identification number (DIN) or Pre-fill income-tax permanent account number (income-tax PAN) or passport number Name (ii) Category DIN or income-tax PAN or passport number Pre-fill Name (iii) Category DIN or income-tax PAN or passport number Pre-fill Name (iv) DIN or income-tax PAN or passport number Category Pre-fill Name (v) DIN or income-tax PAN or passport number Category Pre-fill Name (vi) Category DIN or income-tax PAN or passport number Pre-fill Name (vii) Category DIN or income-tax PAN or passport number Pre-fill Name (viii) DIN or income-tax PAN or passport number Category Pre-fill Name

NCLT Order in respect to the Composite Scheme of Arrangement between Chembond Chemicals Ltd ("Demerged

	on is being filed			
◯ Suo-motu	In pursuance to notice re	eceived from RoC o	r any other competent aut	nority
(e) Notice number an	d date of notice			
(f) Section for which	application is being filed			
(g) Brief particulars as	to how the default has been m	nade good		
la coca of application		d of our ACM magnetic	un financial	(DD /MM 4000
	is made for extension of period ect of which the application is be		on imanciai	(DD/MM/YY)
year end date in respe	set of willoff the application is b	reing flied		
1.(a) Service request i	number of Form MGT-14			
(b) Date of passing s	pecial or ordinary resolution		DD/MM/YYYY)	
(c) Date of filing form	n MGT-14		(DD/MM/YYYY)	
			_	
12. Total amount of s	tamp duty paid or stamp paper			

Attachments		List of attachments						
Board Resolution	Attach	Scheme_of_Arrangement_Notarised_and_Certified PSPL_Notes_GNL-1.pdf						
2. Scheme of arrangement, amalgamation	Attach	PSPL_CTC_BM_Scheme of Arrangement_121220 NCLT Order_signed.pdf						
3. *Detailed application	Attach	INOL1 Order_signed.pdi						
Copy of notice received from RoC or any other competent authority	Attach							
5. Other attachments - if any	Attach							
Verification		Remove Attachment						
	the information given	in this application and its attachments is correct and						
☐ I have been authorised by the Board of o	directors' resolution nu	Imber a dated 17/11/2017 (DD/MM/YYYY)						
to sign and submit this application.		imber g dated 17/11/2017 (DD/MM/YYYY)						
I am duly authorised to sign and submit the	his form.							
To be Digitally signed by								
Managing Director or director or manager or Indian company or an authorised representation other)								
Designation Director								
DIN of the director or Managing Director or; or authorised representative; or CEO or CFC								
I declare that I have been duly engaged for the provisions of the Companies Act, 2013 a and I have verified the above particulars (in applicant which is subject matter of this form form has been suppressed. I further certify to i. The said records have been properly pre- relevant provisions of the Companies Act	and rules thereunder folloding attachment(s) in and found them to be that: epared, signed by the ct, 2013 and were four	ration of this form. It is hereby certified that I have gone through for the subject matter of this form and matters incidental thereto from the original/certified records maintained by the Company/e true, correct and complete and no information material to this required officers of the Company and maintained as per the not to be in order;						
ii. All the required attachments have been	completely and legibly	y attached to this form						
To be digitally signed by VIRENDE A Systems BOAT SHAWART BOAT TO BE AT THE BOAT TO BE AT THE BOAT TO BE AT THE BOAT TO BE AT TO	8							
Chartered accountant (in whole-time pro	actice) or Co	ost accountant (in whole-time practice) or						
 Company secretary (in whole-time prace 	tice)							
Whether associate or fellow Associa	te Fellow							
Membership number	1*5*							
Certificate of practice number	1*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 and punishment for false evidence respectively								
Modify Check F	Form	Prescrutiny						
For office use only:								
eForm Service request number (SRN)		eForm filing date (DD/MM/YYYY)						
Digital signature of the authorising of	fficer							
This e-Form is hereby approved								
This e-Form is hereby rejected		Confirm submission						
Date of signing		(DD/MM/YYYY)						