

**MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7**

SRN:	AB9220984/1-22457959642	Service Request Date: 24/11/2025
SRN Date:	22/11/2025 13:18:47	

RECEIVED FROM:

Name: SHASHI AGARWAL

Address: 21N BLOCK -A NEW ALIPORE, SUBARNA APPT, Kolkata, Kolkata, West Bengal, India, 700053

ENTITY ON WHOSE BEHALF MONEY IS PAID

LLPIN/CIN/DIN: L74950WB1984PLC038336

Name: MANAKSIA LIMITED

Address: TURNER MORRISON BUILDING, 6 LYONS RANGE, 2ND FLOOR, Kolkata, Kolkata, 700001

FULL PARTICULARS OF REMITTANCE

Service Type: eFiling

Service Description	Type of Fee	Amount (Rs.)
Fee for GNL-1	Normal	0
	Additional	0
Total		0

Mode of Payment: Zero Fee

Received Payment Rupees: Zero Rupees Only.

Note: The defects or incompleteness in any respect in this application as noticed shall be placed on the Ministry's website(www.mca.gov.in). In case the application is marked as RSUB, please resubmit the application within the due date. Please track the status of your transaction at all times till it is finally disposed off. (please refer Rule 10 of the Companies (Registration offices and Fees) Rules, 2014)

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)

L74950WB1984PLC038336

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

Registrar of Companies, West Bengal

5 (a) Name of the company

MANAKSIA LIMITED

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

TURNER MORRISON BUILDING,6 LYONS RANGE,
2ND FLOOR,Writer's Building, Kolkata, Kolkata,
700001, West Bengal, India

(c) E-mail ID of the company

*****krabartty@manaksia.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	
State/UT	
(d) E-mail ID	

Application Details

7* Details of application

The application has been made under Sections 230 to 232 of the Companies Act, 2013 read with the Companies (Compromises, Arrangements and Amalgamations) Rules, 2016, seeking directions in relation to the Scheme of Arrangement between the Demerged and Resulting Companies.

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 end date in respect of which the application is being filed

(DD/MM/YYYY)

(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

Manaksia Board Resolution_ok.pdf

(b) Scheme of arrangement, amalgamation

Manaksia Ferro Scheme.pdf

(c) Detailed application

Manaksia Ferro _Application_ok.pdf

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

(e) Optional attachment(s)- if any

Manaksia Affidavit.pdf

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 (DD/MM/YYYY) to sign and submit this application.

04

dated

26/03/2025



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

*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

0*4*1*2*

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

0*6*7*

Certificate of Practice number

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)

AB9220984

eForm filing date (DD/MM/YYYY)

22/11/2025

Digital signature of the authorizing officer

This eForm is hereby rejected

This eForm is hereby approved/ registered

Date of signing (DD/MM/YYYY)

**MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7**

SRN:	AB9220805/1-22457981050	Service Request Date: 24/11/2025
SRN Date:	22/11/2025 13:23:48	

RECEIVED FROM:

Name: SHASHI AGARWAL

Address: 21N BLOCK -A NEW ALIPORE, SUBARNA APPT, Kolkata, Kolkata, West Bengal, India, 700053

ENTITY ON WHOSE BEHALF MONEY IS PAID

LLPIN/CIN/DIN: U27100WB2010PLC144410

Name: MANAKSIA FERRO INDUSTRIES LIMITED

Address: Turner Morrison Building, 6 Lyons Range, 2nd Floor, Kolkata, Kolkata, 700001

FULL PARTICULARS OF REMITTANCE

Service Type: eFiling

Service Description	Type of Fee	Amount (Rs.)
Fee for GNL-1	Normal	0
	Additional	0
Total		0

Mode of Payment: Zero Fee

Received Payment Rupees: Zero Rupees Only.

Note: The defects or incompleteness in any respect in this application as noticed shall be placed on the Ministry's website(www.mca.gov.in). In case the application is marked as RSUB, please resubmit the application within the due date. Please track the status of your transaction at all times till it is finally disposed off. (please refer Rule 10 of the Companies (Registration offices and Fees) Rules, 2014)

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)

U27100WB2010PLC144410

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

Registrar of Companies, West Bengal

5 (a) Name of the company

MANAKSIA FERRO INDUSTRIES LIMITED

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

Turner Morrison Building 6 Lyons Range, 2nd Floor Kolkata, Kolkata, Writer's Building, West Bengal, India, 700001

(c) E-mail ID of the company

*****anaksia.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	
State/UT	
(d) E-mail ID	

Application Details

7* Details of application

The application has been made under Sections 230 to 232 of the Companies Act, 2013 read with the Companies (Compromises, Arrangements and Amalgamations) Rules, 2016, seeking directions in relation to the Scheme of Arrangement between the Demerged and Resulting Companies

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 end date in respect of which the application is being filed

(DD/MM/YYYY)

(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

Manaksia Ferro Board Resolution_OK.pdf

(b) Scheme of arrangement, amalgamation

Manaksia Ferro Scheme.pdf

(c) Detailed application

Manaksia Ferro _Application_ok.pdf

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

(e) Optional attachment(s)- if any

Manaksia Affidavit.pdf

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 (DD/MM/YYYY) to sign and submit this application.

04

dated

26/03/2025



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

*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

0*4*1*2*

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

0*6*7*

Certificate of Practice number

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)

AB9220805

eForm filing date (DD/MM/YYYY)

22/11/2025

Digital signature of the authorizing officer

This eForm is hereby rejected

This eForm is hereby approved/ registered

Date of signing (DD/MM/YYYY)