

FORM NO. IEPF-1

[Pursuant to rule 5(4) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Statement of amounts credited to Investor Education and Protection Fund

Form language English Hindi

Refer instruction kit for details.

Note 1 - Please adhere to the 'Process for uploading investor-wise details' as mentioned on the Acknowledgment, to be generated upon upload of this eForm.

Note 2 - Please take a note that this form has to be filled only for one Financial Year at a time.

Note - All fields marked in * are to be mandatorily filled.

1. (a) *Corporate identity number (CIN) of company/

Pre fill

Bank Corporate Identification number (BCIN)

(b) Global Location Number (GLN) of company

2. (a) Name of the company/bank

(b) Address of registered office of the company/bank

(c) *email id of the company/bank

3. * Service request number (SRN) in respect of payment made to the fund

Pre-fill

4. Date of payment of amount to the fund

(DD/MM/YYYY)

5. Amount credited to the fund (in Rs.)

6. Mode of payment Chailan payment (Cash, Cheque, Demand draft) Online Payment

7. *Details of the amount credited to the fund

S. No.	Particulars	Amount (in Rupees)	Date by which amount should have been credited to the fund
(a)	Amount in the unpaid dividend accounts of companies		
(b)	The application money received by companies for		

	allotment of any securities and due for refund		
(c)	Matured deposits with companies		
(d)	Matured debentures with companies		
(e)	Interest accrued on the amounts referred to in clause (b) to (d) above		
	(i) Application money due for refund		
	(ii) Matured deposits with companies		
	(iii) Matured debentures with companies		
(f)	Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation		
(g)	Redemption amount of preference shares		
(h)	Grants and donation		
(i)	Others		
	Total		

8. Financial Year to which the amount relates

AttachmentsList of attachments

1. Optional attachments, if any.

Attach

Remove attachment

Declaration

I have been authorized by the Board of directors' resolution number

Dated *

to sign and submit this form.

To the best of my knowledge and belief, I declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

*To be digitally signed by

DSC Box

*Designation

*DIN of the director; or PAN of the manager or CEO
or CFO; or Membership number of the company
secretary; or PAN of Authorized person of the bank

Note: Attention is also drawn to provisions of Section 448 and section 449 of Companies Act, 2013 which provide for punishment for false statement and false evidence.

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This eform has been taken on file maintained by IEPF Authority through electronic mode and on the basis of statement of correctness given by the company.

FORM NO. IEPF-2



Statement of unclaimed and unpaid amounts

[Pursuant to rule 5(8) of the Investor
Education and Protection Fund Authority
(Accounting, Audit, Transfer and Refund)
Rules, 2016]

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Form language English Hindi

Refer instruction kit for details.

Note 1 - Please adhere to the 'Process for uploading investor-wise details' as mentioned on the Acknowledgment, to be generated upon upload of this eForm.

Note - All fields marked in * are to be mandatorily filled.

1.(a)*Corporate identity number (CIN) of company/

Pre fill

Bank Corporate Identification number (BCIN)

(b) Global Location Number (GLN) of company

2. (a) Name of the company/bank

(b) Address of registered office of the company/bank

(c) *email id of the company/bank

3. (a) *Financial year ended (DD/MM/YYYY)

(b) *Date of annual general meeting (AGM) or
Due date whichever is earlier (DD/MM/YYYY)

4. *Whether registered with Reserve Bank of India (RBI) Yes No

5. Number of small shareholders of the company

6. Number of small depositors of the company

7. Details of unclaimed and unpaid amounts

(a) *Amount of Unclaimed and unpaid dividend

(b) *Amount of application moneys received and due for refund

(c) *Amount of matured deposits

(d) *Amount of matured debentures

(e) Interest accrued on the amounts referred to in clause (b) to (d) above

(i) *Application money due for refund

(ii) *Matured deposit with companies

(iii) *Matured debentures with companies

(f) *Sale proceeds of fractional shares arising out of issuance of bonus shares,
merger and amalgamation

(g) *Redemption amount of preference shares

(h) Others

Total

Declaration

I have been authorized by the Board of directors' resolution number* Dated * (DD/MM/YYYY)
 to sign and submit this form.

To the best of my knowledge and belief, I declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have

been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

*To be digitally signed by

DSC Box

*Designation

*DIN of the director; or PAN of the manager or CEO or

CFO; or Membership number of the secretary; or

PAN of Authorized person of the bank

Note: Attention is also drawn to provisions of Section 448 and section 449 of Companies Act, 2013 which provide for punishment for false statement and false evidence.

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This eform has been taken on file maintained by IEPF Authority through electronic mode and on the basis of statement of correctness given by the company.

FORM NO. IEPF-3

[Pursuant to sub-section (6) of section 124 of the Companies Act, 2013 and rule 6(3) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Statement of shares and unclaimed or unpaid dividend not transferred to the Investor Education and Protection Fund

Form language English Hindi

Refer instruction kit for details.

Note - All fields marked in * are to be mandatorily filled.

1. Details of the Company

(a) *Corporate identity number (CIN) of company/
Bank Corporate Identification number (BCIN)

Pre fill

(b) Name of the company/bank

(c) Address of registered office of the company/bank

(d) *email id of the company/bank

2. Details of shares and dividend not transferred to IEPF account

*Total number of shares

Total nominal amount of the shares

Total amount of unpaid dividend on such shares

3. * Financial year ended as on **(DD/MM/YYYY)**

4. Details of shares and dividend

*Number of entries/cases

Folio No./ DP ID- Client ID- Account number	Category	Kind of shares

Nominal amount of shares	Amount of unclaimed and unpaid dividend	Financial year which relates to it	Name of the court/tribunal/authority	Date of order

Attachments

- *Order of the court/tribunal/statutory authority;
- Optional attachments, if any

List of attachments

Declaration

I have been authorized by the Board of directors' resolution number (DD/MM/YYYY)

Dated *

to sign and submit this form. To the best of my knowledge and belief, I declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information

given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

*To be digitally signed by **DSC Box**

* Designation

* DIN of the director; or PAN of the manager or CEO or
CFO; or Membership number of the secretary; or
PAN of Authorized person of the bank

Note: Attention is also drawn to provisions of Section 448 and section 449 of Companies Act, 2013 which provide for punishment for false statement and false evidence.

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing (DD/MM/YYYY)

FORM NO. IEPF-4

[Pursuant to rule 6(5) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Statement of shares transferred to the Investor Education and Protection Fund

Form language English Hindi

Refer instruction kit for details.

Note 1 - Please adhere to the 'Process for uploading investor-wise details' as mentioned on the Acknowledgment, to be generated upon upload of this eForm.

Note - All fields marked in * are to be mandatorily filled.

1(a) * Corporate identity number (CIN) of company

Pre-fill

(b) Global location number (GLN) of company

2(a) Name of the company

(b) Address of the registered office of the company

(c) *e-mail ID of the company

3. (a) *Total nominal amount of shares transferred to the IEPF account

(b) *Total number of shares transferred

4. *SRN of form IEPF-1

Prefill

5. * Financial Year to which the amount relates

Declaration

I have been authorized by the Board of directors' resolution number

Dated *

to sign and submit this form.

To the best of my knowledge and belief, I declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

*To be digitally signed by

DSC Box

*Designation

*DIN of the director; or Income-tax permanent account number
of the manager or CEO or CFO; or Membership number
of the secretary

Note: Attention is also drawn to provisions of Section 448 and section 449 of Companies Act, 2013 which provide for punishment for false statement and false evidence.

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This eform has been taken on file maintained by IEPF Authority through electronic mode and on the basis of statement of correctness given by the company.

FORM NO. IEPF-5

[Pursuant to sub-section (3) of section 125 of the Companies Act, 2013 and rule 7(1) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Application to the Authority for claiming unpaid amounts and shares out of Investor Education and Protection Fund (IEPF)

Form language English Hindi

Refer instruction kit for details.

Note - All fields marked in * are to be mandatorily filled.

1. Particulars of the applicant

- (a) *Name of the applicant
(b) *Address of the applicant

- (c) Phone number -
(d) Mobile Number
(e) E-mail ID

2. Particulars of the Company/Bank from which the amount is due

Pre-fill

(a) *Corporate identity number (CIN) of company/
Bank Corporate Identification Number (BCIN)

(b) Name of the company/bank

(c) Address of registered office of the company/bank

(d) email id of the company/bank

3. Details of shares claimed

Folio No. / DP ID -Client ID- Account number	Category	Kind of share	Number of shares	Total nominal amount of the share

4. Details of amount claimed

S No	Particulars	Amount (In Rupees)
(i)	Dividend amount	
(ii)	Application money due for refund	
(iii)	Matured deposits with company	
(iv)	Matured debentures with company	
(v)	Interest accrued on application money due for refund	
(vi)	Interest accrued on matured deposits with company	
(vii)	Interest accrued on matured debentures with company	
(viii)	Interest accrued on dividend credited to IEPF under the Companies Act, 1956	
(ix)	Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation	
(x)	Redemption amount of preference shares	
(xi)	Others, specify	

Total	
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Note: If applicant doesn't have any information on amount claimed then the related column above may be left blank.

*Number of claims

Year wise details of securities / deposits for which the amount is claimed

Nature of claim (1)	Amount of the claim (2)	Financial year to which it relates (3)	Nature of security/ deposit (4)	Folio No./DP ID-Client ID- Account Number (5)	Category (6)	Reason for non-receipt/non-encashment of the instrument of payment (7)

5. *Aadhaar Number or Passport/OCI/PIO Card No. (in case of NRI/foreigners)

6. *Details of bank account (Aadhar linked, in case applicant is not NRI/foreigner) in which refund of claim to be made

(a) Bank account number

(b) Bank name

(c) Bank branch

(d) Type of account Saving Current

(e) IFSC code

7. Demat account number

Declaration

I declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I further declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

I understand that I, am the claimant and after filing the refund claim in this form online, shall to send the attachments prescribed below to Nodal Officer(IEPF) of the company at its registered office in an envelope marked "claim for refund from IEPF Authority" for initiating the verification for claim

1. Print out of duly filled claim form with claimant signature
2. Copy of acknowledgement
3. Indemnity Bond (original) with claimant signature

4. Advance Stamped receipt (original)
5. In case of refund of matured deposit or debenture, original certificate thereto
6. Copy of Aadhaar Card
7. Proof of entitlement (certificate of share/Interest warrant Application No. etc.)
8. Cancelled Cheque leaf
9. Copy of Passport, OCI and PI card in case of foreigners and NRI
10. Other optional document, (if any)

Note: Attention is also drawn to provisions of Section 448 of Companies Act, 2013 which states that-

"Save as otherwise provided in this Act, if in any return, report, certificate, financial statement, prospectus, statement or other document required by, or for, the purposes of any of the provisions of this Act or the rules made thereunder, any person makes a statement,-

(a) which is false in any material particulars, knowing it to be false; or

(b) which omits any material fact, knowing it to be material,

he shall be liable under section 447."

For office use only :

(DD/MM/YYYY)

eForm Service request number (SRN)
 eForm filing date

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)

FORM NO. IEPF-6

[Pursuant to rule 8 of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Statement of unclaimed or unpaid amounts to be transferred to the Investor Education and Protection Fund

Form language English Hindi

Refer instruction kit for details.

Note - All fields marked in * are to be mandatorily filled.

1.(a)*Corporate identity number (CIN) of company/

Bank Corporate Identification number(BCIN)

(b) Global Location Number(GLN) of company

Pre fill

2. (a) Name of the company/bank

(b) Address of registered office of the company/bank

(c) *email id of the company/bank

3. *Financial year end date

4. *Details of the amount due to be credited to the IEPF in subsequent financial year

SNo	Particulars	Amount (in Rupees)	Date by which amount should be credited to the fund
(a)	Amount in the unpaid dividend accounts of companies		
(b)	The application money received by companies for allotment of any securities and due for refund		
(c)	Matured deposits with companies		
(d)	Matured debentures with companies		
(e)	Interest accrued on the amounts referred to in clause (b) to (d) above		
	(i) Application money due for refund		
	(ii) Matured deposits with companies		
	(iii) Matured debentures with companies		
(f)	Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation		
(g)	Redemption amount of preference shares		
(h)	Grants and donation		
(i)	Others, specify <input type="text"/>		

(i)	Others, specify <input type="text"/>			
	Total			

Attachments

2. Optional attachments, if any

Attach

List of Attachment(s)

Remove

Declaration

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

To the best of my knowledge and belief, I declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

DSC Box

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*Designation

* DIN of the director; or PAN of the manager or CEO or CFO; or Membership number of the secretary; or PAN of Authorized person of the bank

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[F.No. 05/27/2013-IEPF]

Amardeep Singh Bhatia

05/09/2016

Amardeep Singh Bhatia, Joint Secretary

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