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 Protaction Fund (IEPF)

Form language Refer instruction kit		lindi			
	rked in * are to be ma	ndatorily filled.			
1. Particulars of the	applicant				
(a) *Name of the a	applicant				
(b)* Address of th	ne applicant				
(c) Phone number	er	_			
(d) Mobile numb	er				
(e) Email ID					
2. Particulars of the C	company / Bank from	which the amount is due	,		
	tification Number (CIN)				Pre-fil
	ate Identification Numb			[FIE-III
(b) Name of the co		,			
(b) Name of the col	ilipally / ballk				
(c) Address of regis	tered office of the comp	pany / bank			
(d) email ID of the					
Details of shares clain	ned				
Folio No./			Number of	Total nominal	
OP ID - Client ID - Account number	Category	Kind of share	shares	amount of the	share
					$\neg \neg$

4. Details of amount claimed

S.No.	Particulars	Amount (in Rupees)
(i)	Dividend amount	0
(ii)	Application money due for refund	0
(iii)	Matured deposits with company	0
(iv)	Matured debentures with company	0
(v)	Interest accured on application money due for refund	0
(vi)	Interest accured on matured deposits with company	0
(vii)	Interest accured on matured debentures with company	0
(viii)	Interest accured on dividend credited to IEPF under the Companies Act, 1956	0
(ix)	Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation	0
(x)	Redemption amount of preference shares	0
(xi)	Others, specify	0
	Total	0

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)

(a) Bank account number	
(b) Bank name	
(c) Bank branch	
(d)) Type of account	Saving Current
(e	e) IFSC code	
7. Demat acco	ount number	
	Declaratio	on
this form ar	nd matters incidental thereto have been complied	nd the rules made thereunder in respect of the subject matter of with. I further declare that all the information given herein above s form and nothing material has been suppressed.
prescribe		the refund claim in this form online, shall to send the attachments any at its registered office in an envelope marked "claim for refund claim
1.	Print out of duly filled claim form with clai	mant signature
2.	Copy of acknowledgement	
3.	Indemnity Bond (original) with claimant s	ignature
4.	Advance Stamped receipt (original)	
5.	In case of refund of matured deposit or d	ebenture, original certificate thereto
6.	Copy of Aadhaar Card	
7.	Proof of entitlement (certificate of share/Interes	est warrant Application No. etc.)
8.	Cancelled Cheque leaf	
9.	Copy of Passport, OCI and PIO card in case	of foreigners and NRI
10.	Other optional document,(if any)	
Note: Attention	is also drawn to provisions of Section 448 of C	ompanies Act, 2013 which status that -
		certificate, financial statement, prospectus, statement or other ions of this Act or the rules made thereunder, any person makes a
•	e in any material particulars, knowing it to be fa	lea, ar
-	-	ise, ui
	any material fact, knowing it to be material,	
he shall be liabl	le under section 447."	
Mod	ify Check Form	Prescrutiny Submit

For office use only:		
eForm Service request number (SRN)	eForm filing date	(DD/MM/YYYY)
Digital signature of the authorising office	cer	
This e-Form is hereby approved		
This e-Form is hereby rejected	Confirm Submission	
Date of signing	(DD/MM/YYYY)	