FORM NO. IEPF- 5

[Pursuant to sub-section (3) of section 125 of the Companies Act, 2013 and rule 6(13) & 8(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	indi		
Refer instruction k	it for details.			
Note - 1.All fields	s marked in * are to l	be mandatorily filled.		
		'Y against one Aadhar Number of claims to b		Company. User can enter
1. Particulars of th	ne applicant			
(a)* Name of the	• •			
(c) Phone num	ber			
(d) Mobile num	ber			
(e) Email ID				
(b) Name of the co	tification Number (CIN) on ompany istered office of the com			Pre-fill
(d) email ID of the	e company			
Details of shares clair	med			
Folio No./ PP 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	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)	
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(a)	Bank account number				
(b) Bank name					
(c) Bank branch					
(d)	Type of account	Saving Current			
(e)	IFSC code				
7. Demat acco	unt number				
	Declaration	1			
this form an	at all the requirements of Companies Act, 2013 and matters incidental thereto have been complied we ect and complete including the attachments to this	ith. I further declare t	that all the informa	ation given herein	
prescribe	stand that I, am the claimant and after filing to ed below to Nodal Officer (IEPF) of the compa F Authority" for initiating the verification for cl	any at its registered			
1.	Print out of duly filled claim form with clain	nant signature			
2.	Copy of acknowledgement				
3.	Indemnity Bond (original) with claimant sig	gnature			
4.	Advance Stamped receipt (original)				
5.	In case of refund of matured deposit or de	benture, original ce	ertificate 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 PIO card in case of	of foreigners and NRI			
10.	Other optional document,(if any)				
Note: Attention i	is also drawn to provisions of Section 448 of Co	mpanies Act, 2013 v	which status that	:-	
	ise provided in this Act, if in any return, report, or ed by, or for, the purposes of any of the provision	•		-	
(a) which is false	in any material particulars, knowing it to be fals	se; or			
(b) which omits a	any material fact, knowing it to be material,				
he shall be liable	e under section 447."				
Modi	fy Check Form	Prescrutiny		Submit	

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