[Pursuant to sub-see Companies Act, 201 Education and Prote	NO. IEP ction (3) of section 12 3 and rule 7(1) of the ection Fund Authority Refund) Rules, 2016]	5 of the Investor (Accounting,	unpaid amoui amoui	the Authority for claiming nts and shares out of ation and Protaction Fund
Form language	● English	Hindi		
Refer instruction ki	it for details.			
Note - All fields ma	rked in * are to be ma	indatorily filled.		
1. Particulars of the	applicant			
(a) [*] Name of the	applicant			
(b) [*] Address of th	ne applicant			
	ber	which the amount is o	lue	Pre-fill
Bank Corpor	rate Identification Num	ber (BCIN)		
(b) Name of the co	mpany / bank			
(c) Address of regis	stered office of the com	nany / hank		
(d) email ID of the	e company / bank			
	iicu			
olio No./ P ID - Client ID -	Category	Kind of share	Number of shares	Total nominal amount of the share
Account number				

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)	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	O Saving O 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 form 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 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 Companies Act, 2013 which status 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:

eForm Service request number (SRN)	eForm filing date	(DD/MM/YYYY)
Digital signature of the authorising offic	er	
This e-Form is hereby approved		
This e-Form is hereby rejected	Confirm Submission	
Date of signing	(DD/MM/YYY)	