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]

3.



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

Form language	● English	Hindi				
Refer instruction ki	t for details.					
Note - All fields ma	rked in * are to be ma	ndatorily fill	ed.			
1. Particulars of the	applicant					
(a) *Name of the	applicant					
(b)* Address of th	ne applicant					
(c) Phone number			-			
(d) Mobile numb	er					
(e) Email ID						
2. Particulars of the C	company / Bank from	which the a	mount is due			
	tification Number (CIN					
	ate Identification Number		'			Pre-fill
		Del (Bolly)				
(b) Name of the co	mpany / bank					
(c) Address of regis	tered office of the com	pany / bank				
(d) email ID of the	company / bank					
Details of shares clain						
Folio No./					Total nominal	
DP ID - Client ID -	Category	Kind of s	hare	Number of shares	amount of the	
Account number						
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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 hablank	ve any information on amount claimed then the related column above may be left
* Number of claims	

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

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

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)

6.* Details of Bar	nk 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 accor	unt number
	Declaration
this form and is true, correlation true, correla	at all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of d matters incidental thereto have been complied with. I further declare that all the information given herein above ect and complete including the attachments to this form and nothing material has been suppressed. Stand that I, am the claimant and after filling the refund claim in this form online, shall to send the attachment ad below to Nodal Officer (IEPF) of the company at its registered office in an envelope marked "claim for refund F 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)
	is also drawn to provisions of Section 448 of Companies Act, 2013 which status that -
document requir statement,-	ise provided in this Act, if in any return, report, certificate, financial statement, prospectus, statement or other red by, or for, the purposes of any of the provisions of this Act or the rules made thereunder, any person makes a e in any material particulars, knowing it to be false; or
	e under section 447."
Modi	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 officer	
This e-Form is hereby approved	
This e-Form is hereby rejected	Confirm Submission
Date of signing	(DD/MM/YYYY)