## 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	<ul><li>English</li></ul>	) Hindi		
Refer instruction ki	t for details.			•
Note - 1.All fields	marked in * are	to be mandatorily filled	•	
		e FY against one Aadha umber of claims to be en		Company. User can enter i
1. Particulars of th	e applicant			
(a)* Name of the	applicant			
(b)* Address of t	the applicant			
100		100		
(a) Phana a mark			385	
(c) Phone numb				
(d) Mobile numl	ber			
(e)* Email ID				
2 Particulars of the	Company / Bank f	rom which the amount is o	lua	
			iue	
(a)* Corporate Ident	ification Number (C	IN) of company		Pre-fill
(b) Name of the co	mpany			
(c) Address of regi	stered office of the	company	*	
(c) Address of regi	Stored office of the	oompany		
(d) email ID of the	e company			
etails of shares clair	ned			
	1		T.	
olio No./	Category	Kind of share	Number of	Total nominal amount of the share
ID - Client ID -			shares	amount of the share
Account number				

## 4. Details of amount claimed

\* Number of claims

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

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	f 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 ac	ccount number			
	Declaration			
this form is true, o	n and matters incidental thereto have been complied wi correct and complete including the attachments to this	the rules made thereunder in respect of the subject matter of th. I further declare that all the information given herein above form and nothing material has been suppressed.  The refund claim in this form online, shall to send the attachments		
presci	ribed below to Nodal Officer (IEPF) of the compa IEPF Authority" for initiating the verification for cla	ny at its registered office in an envelope marked "claim for refund		
1.	Print out of duly filled claim form with claim	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 o	Copy of Passport, OCI and PIO card in case of foreigners and NRI		
10	Other optional document, (if any)			
Note: Attenti	on is also drawn to provisions of Section 448 of Co	mpanies Act, 2013 which status that -		
		ertificate, financial statement, prospectus, statement or other ns of this Act or the rules made thereunder, any person makes a		
a) which is fa	alse in any material particulars, knowing it to be fals	e; or		
b) which om	its any material fact, knowing it to be material,			
he shall be li	iable under section 447."			
	Modify Check Form	Prescrutiny Submit		

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