

FORM NO. DPT-4



Statement regarding deposits existing on
the commencement of the Act

[Pursuant to rule 20 of the Companies
(Acceptance of Deposits) Rules, 2014]

Form Language ☒ English ☐ Hindi

Refer the instruction kit for filing the form.

1. Particulars of the company

(a) * Corporate Identity Number (CIN)

Pre-fill

(b) Global location number (GLN)

2.(a) Name of the company

(b) Registered office address

(c) email Id

3. Whether the company is ☐ Public company ☐ Private company

4.* Whether the company is a government company ☐ Yes ☐ No

5.* Total deposits outstanding as on the commencement of this Act

(a) Amount (In Rs.)

(b) Number of depositors

6.* Details of total deposits mentioned at 5 above under following heads

Particulars	Amount (in Rs)
Deposits due but not paid	<input type="text"/>
Interest due thereon but not paid	<input type="text"/>
Deposits due but not claimed	<input type="text"/>
Interest due thereon but not claimed	<input type="text"/>
Deposits not yet due for repayment	<input type="text"/>

7. Deposits due for repayment in next three months

8. Arrangements made for repayment of deposits due for repayment

Attachments

1. * Auditor's certificate
2. * List of depositors
3. Optional attachment

List of attachments

Declaration

I am authorized by the Board of Directors of the Company vide resolution number * date
dated * to sign this form and 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 also 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.

* To be digitally signed by

* Designation

* Director identification number of the director; or DIN or
PAN of the manager or CEO or CFO; or Membership number
of the Company secretary

Note: Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false statement and false evidence.

For office use only:

eForm Service Request number

eForm Filing Date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorizing officer

Date of signing

(DD/MM/YYYY)