FORM NO. IEPF-3

[Pursuant to sub-section (6) of section 124 of the Companies Act, 2013 and rule 6(3) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Statement of shares and unclaimed or unpaid dividend not transferred to the Investor Education and Protection Fund

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Form lar	ıguage O English O Hindi		
Refer ins	struction kit for details.		
No te - A	All fields marked in * are t	o be mandatorily filled.	
l. Det	ails of the Company		
	ails of the Company *Corporate identity number	r (CIN) of company/	Pre fill
			Pre fill

	(c) Address of registered office of the company/bank									
	(d) *email id of the company/bank									
2.	Details of shares and dividend not transferred to IEPF account									
	*Total number of shares									
	Total nominal amount of the shares									
	Total amount of unpaid dividend on such shares									
3.	*Financial year ended as on(DD/MM/YYYY)									
4.	Details of shares and dividend									
	*Number of entries/cases									
	Folio No./	Folio No./			egory	Ki	ind of shares			
	DP ID- Client ID-	Account number								
	Nominal amount	Amount of		ncial year	Name of		Date of order			
	of shares	unclaimed and	to relat	which it		ibunal/				
		unpaid dividend	relat	.es	authority					
			──							
			<u> </u>							
Attach										
Attach	ments				T	at of ott	ashmanta			
1.	List of attachments									
	*Order of the court/tribunal/statutory authority;									
۷.	2. Optional attachments, if any Attach Remove attachment									
Lhave	Declaration I have been authorized by the Board of directors' resolution number* Dated *									
	IM/YYYY)	le board of uncetors	1050	Iuuon nume						
	to sign an	nd submit this form.T	o the	best of my k	knowledge a	nd belief	f, I declare that all the			
	ments of Companies									
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.										
		DSC Box								
*To be	*To be digitally signed by									

*Designation		
*DIN of the director; or PAN of the manager or	CEO or	
CFO; or Membership number of the secretary,	or	
PAN of Authorized person of the bank		
which provide for punishment for false stater Modify Check Form	Prescrutiny	Submit
For office use only:	Affix filing details	
eForm Service request number (SRN)	eForm filing date	(DD/MM/YYYY)
This e-Form is hereby registered		34
Digital signature of the authorising officer	Confirm submission	
Date of signing	(DD/MM/YYYY)	
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