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

Pre fill

Form language O English O Hindi

Refer instruction kit for details.

Note - All fields marked in * are to be mandatorily filled.

1. Details of the Company

(a) *Corporate identity number (CIN) of company

(b) Name of the company

	(c) Address of registe	ered office of the com	ipany						
	(d) *email id of the company								
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./	Cate	egory Kind of shares						
	DP ID- Client ID- Account number								
	Nominal amount	Amount of	Fina	ncial year	Name of	f the	Date of order		
	of shares	unclaimed and unpaid dividend	to relat	which it		ibunal/			
		unpaid dividend	Telat	.68	authority				
Attachments									
Attachments List of attachments									
1. *Order of the court/tribunal/statutory authority;									
	2. Optional attachments, if any Attach								
2.	Remove attachment								
Declaration									
I have been authorized by the Board of directors' resolution number* Dated *									
(DD/MM/YYYY)									
to sign and submit this form. To the best of my knowledge and belief, I declare that all the									
	nents of Companies A d matters incidental t								
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 sup	ppressed.								
		DSC Box							
*To be digitally signed by									

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DIN of the director, or PAN of the manager or CE	.O ar	
FO; or Membership number of the secretary, or		
AN of Authorized person of the bank		
o te: Attention is also drawn to provisions of Sec hich provide for punishment for false statemen		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		
	Confirm submission	
Digital signature of the authorising officer		