

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]



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

Form language O English O Hindi

Refer instruction kit for details.

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

1. Particulars of the applicant

(a) *Name of the applicant

(b) *Address of the applicant

(c) Phone number

(d) Mobile Number

(e) E-mail ID

2. Particulars of the Company/Bank from which the amount is due

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

Pre-fill

Bank Corporate Identification Number (BCIN)

(b) Name of the company/bank

(c) Address of registered office of the company/bank

(d) email id of the company/bank

3. Details of shares claimed

Folio No./ DP ID -Client ID- Account number	Category	Kind of share	Number of shares	Total nominal amount of the share

4. Details of amount claimed

S No.	Particulars	Amount (in Rupees)
(i)	Dividend amount	
(ii)	Application money due for refund	
(iii)	Matured deposits with company	
(iv)	Matured debentures with company	
(v)	Interest accrued on application money due for refund	
(vi)	Interest accrued on matured deposits with company	
(vii)	Interest accrued on matured debentures with company	
(viii)	Interest accrued on dividend credited to IEPF under the Companies Act, 1956	
(ix)	Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation	
(x)	Redemption amount of preference shares	
(xi)	Others, specify <div></div>	
	Total	

Note: If applicant doesn't have any information on amount claimed then the related column above may be left blank.

*Number of claims

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

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)

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

6. *Details of 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 O Saving O Current

(e) IFSC code

7. Demat account number

Declaration

I 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 further 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.

☐ I understand that I, am the claimant and after filing the refund claim in this form online, shall to send the attachments prescribed below to Nodal Officer (IEPF) of the company at its registered office in an envelope marked "claim for refund from IEPF 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 PI card in case of foreigners and NRI
10. Other optional document,(if any)

Note: Attention is also drawn to provisions of Section 448 of Companies Act, 2013 which states that-

"Save as otherwise provided in this Act, if in any return, report, certificate, financial statement, prospectus, statement or other document required by, or for, the purposes of any of the provisions of this Act or the rules made thereunder, any person makes a statement,-

(a) which is false in any material particulars, knowing it to be false; or

(b) which omits any material fact, knowing it to be material,

he shall be liable under section 447."

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

Date of signing

(DD/MM/YYYY)