

**Form No. IEPF-2****Statement of unclaimed and unpaid amounts and details of Nodal officer**

[Pursuant to rule 5(8) and 7(2B) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]

Form language

☒ English

☐ Hindi

Refer instruction kit for filing the form

Note - All fields marked in \* are mandatory

**Purpose of form**

1.(a) \*Purpose of filing is related to

☐ Statement of unclaimed and unpaid amounts

☐ Nodal Officer

☐ Deputy Nodal Officer

(b) \*Sub purpose of filing

☐ Appointment

☐ Updation

☐ Cessation

**Company/ Bank related information**

2.(a) \*Corporate identity number (CIN) of company / Bank Corporate Identification number (BCIN) of the Bank

(b) \*Name of the company/bank

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

(d) \*Email ID of the company/bank

(e) \*Whether a person is already an existing nodal officer in any holding/subsidiary company

☐ Yes

☐ No

(f) If Yes, CIN of the holding/Subsidiary company

**3. Details of Nodal Officer**

(a) \*Name of the Nodal Officer

(b) *First Name	<input type="text"/>
(c) Middle Name	<input type="text"/>
(d) *Last Name	<input type="text"/>
(e) *Father's First Name	<input type="text"/>
(f) Father's Middle Name	<input type="text"/>
(g) *Father's Last Name	<input type="text"/>
(h) *Date of Birth (DD/MM/YYYY)	<input type="text"/>
(i) *PAN	<input type="text"/>
(j) *Designation	<input type="text"/>
(k) *Gender	<input type="text"/>
(l) Official Postal address	
*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin Code/Zip code	<input type="text"/>
*Area/Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State	<input type="text"/>
(m) *Phone (With STD/ISD code)	<input type="text"/>
(n) *Mobile Number	<input type="text"/>
(o) *Email id	<input type="text"/>
(p) *Date of Board Resolution (DD/MM/YYYY)	<input type="text"/>

**Deputy nodal officer details**

4. *Number of Deputy Nodal Officers to be added	<input type="text"/>
a. *Name of the Deputy Nodal Officer to be added	<input type="text"/>

(a)(i) \*Number of Deputy Nodal Officers for which details need to be updated

(a)(ii) \*Name of the Deputy Nodal Officer whose details needs to be updated

(a)(iii) \*Number of Deputy Nodal Officers is to be ceased

(a)(iv) \* Name of the Deputy Nodal Officer is to be ceased

b. \*First Name

c. Middle Name

d. \*Last Name

e. \*Father's First Name

f. Father's Middle Name

g. \*Father's Last Name

h. \*Date of Birth (DD/MM/YYYY)

i. \*PAN

Verify Income Tax PAN

j. \*Designation

k. \*Gender

(Male/Female/Transgender)

l. Official Postal address

\*Address Line 1

Address Line 2

\*Country

\*Pin Code/Zip code

\*Area/Locality

\*City

District

\*State

m. \*Phone (With STD/ISD code)

n. \*Mobile Number

o. \*Email id

p. \*Date of Board Resolution (DD/MM/YYYY)

**Dividend related details**

5.(a) \*Financial year ended (FY-7) (DD/MM/YYYY)

(b) \*Date of annual general meeting (AGM) or due date whichever is earlier (DD/MM/YYYY)

6. \* Whether registered with Reserve Bank of India (RBI)

☐ Yes ☐ No

7. Number of small shareholders/depositors of the company

8. Number of shares in the unclaimed suspense/demat suspense account of the company

9. Details of unclaimed and unpaid amounts for previous seven years including current year

S.No.	Particulars	Unclaimed and unpaid amounts lying with the company/bank separately foreach of the last seven financial years							
		FY-1	FY-2	FY-3	FY-4	FY-5	FY-6	FY-7	Total
1	Amount in the unclaimed and unpaid dividend accounts of the company/bank								
(a)	No. of Underlying Shares for theAmount in the unpaid dividend accounts of the company/bank								
(b)	Amount refunded by the Company/bank from the unpaid dividend account during the year								
2	The amount received under sub-section (4) of section 38								
3	Amount of application moneys received and due for refund								
4	Amount of matured deposits								
(a)	Amount refunded by the Company/bank from the matured deposits during the year								
5	Amount of matured debentures								
(a)	Amount refunded by the Company/bank from the matureddebentures during the year								
6	Interest accrued on the amounts referred to in clause (3) to (5)above								
(i)	Application money due for refund								
(ii)	Matured deposits with companies/banks								

S.No.	Particulars	Unclaimed and unpaid amounts lying with the company/bank separately for each of the last seven financial years							
		FY-1	FY-2	FY-3	FY-4	FY-5	FY-6	FY-7	Total
(iii)	Matured debentures with companies/banks								
7	Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation								
8	Redemption amount of preference shares								
9	Others								
	<b>Total</b>								

Note:

(1) FY-7 is the current financial year as mentioned in 5(a) above

(2) Amount mentioned in FY-1 indicates amount due to be credited to IEPF in next financial year

(3) Amounts are to be given separately for each financial year indicating the amount unclaimed/unpaid as on end of that particular financial year

10. \*Amount of Dividend declared on shares of the company/bank lying with IEPF during the Financial year as mentioned in 5(a) above

11. \*Any other benefits declared (as per rule 6(8)) on shares of the company/bank lying with IEPF during the Financial year as mentioned in 5(a) above

### Attachments

1 \*Investor wise details (excel file)

Max 40 MB

Choose File

Remove

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2 \*Board Resolution for appointment of Nodal Officer/ Deputy Nodal Officer

Max 2 MB

Choose File

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3 Optional attachment(s) - if any

Max 2 MB

Choose File

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### 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 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 member

DSC BOX

\* Designation

(Director/Manager/ Company Secretary/CFO/CEO/Managing Director/Authorized person of the bank)

\* DIN of the Director; or PAN of the Manager or CEO or Managing Director or CFO;

or Membership number of the secretary; or PAN of Authorized person of the bank

**Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively**

Save

Submit

**This eForm has been taken on file maintained by the IEPF Authority through electronic mode and based on statement of correctness given by the company/bank**

*For office use only:*

*eForm Service request number*

*(SRN)eForm filing date*

*(DD/MM/YYYY)*

”.

6. Form IEPF-3 shall be omitted.
7. For the Forms IEPF-4 and IEPF-5, the following Forms shall respectively be substituted, namely: –