

FORM 5 INV

Statement of unclaimed and unpaid amounts

[Pursuant to rule 3 of the Investor Education and Protection Fund (Uploading of information regarding unpaid and unclaimed amounts lying with companies) Rules, 2012]

Note 1 - Please adhere to the 'Process for uploading Investor-wise details' as mentioned on the Acknowledgment, to be generated upon upload of this eForm.

Note 2 - All fields marked in * are to be mandatorily filled.

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

Corresponding new bank

(b) Global location number (GLN) of company

2(a) Name of the company
or Corresponding new bank

(b) Address of the
registered office of the
company or Corresponding
new bank

(c) e-Mail ID of the Company or Corresponding New Bank

3. (a) *Financial year ended

(DD/MM/YYYY)

(b) *Date of annual general meeting (AGM) or
Due date whichever is earlier

(DD/MM/YYYY)

4. *Whether registered with Reserve Bank of India (RBI) ☐ Yes ☐ No

5. *Number of small shareholders of the company or Corresponding new bank

6. *Number of small depositors of the company or Corresponding new bank

7. Details of unclaimed and unpaid amounts

(a) *Amount of Unclaimed and unpaid dividend

(b) *Amount of application moneys received and due for refund

(c) *Amount of matured deposits

(d) *Amount of matured debentures

(e) Interest accrued on the amounts referred to in clause (a) to (d) above

(i) *Unpaid dividend

(ii) *Application money due for refund

(iii) *Matured deposit with companies

(iv) *Matured debentures with companies

Total

Verification

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

I have been authorised by the Board of directors' resolution number * dated * (DD/MM/YYYY) to sign and submit this form.

To be digitally signed by

Managing director or director or manager or secretary of the company
or corresponding new bank

* Designation

* Director identification number of the director or Managing Director; or
Income-tax permanent account number (income-tax PAN) of the manager; or
Membership number, if applicable or income-tax PAN of the secretary
(secretary of a company who is not a member of ICSI, may quote his/ her
income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

* ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
☐ Company secretary (in whole-time practice) ☐ Statutory auditor

* Whether associate or fellow ☐ Associate ☐ Fellow

* Membership number or certificate of practice number

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the company