Form No. IEPF-5

Form language

English
Hindi

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

[Pursuant to Section 125 (3) of the Companies Act, 2013 and rule 7 of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]

Refer instruction kit for filing the form All fields marked in * are mandatory

, j.c	as marked in the manuactry		
Appli	cant details		
Partic	ulars of the applicant		
1 (a)	*Category of Applicant	O Individual	Entity
Indivi	dual's details		
(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)		
Entity	details		
(i)	Type of the Entity (Company/LLP/Foreign Company/Foreign LLP/HUF/Sole Proprietorship/Partnership/Others)		V
(j)	*CIN / FCRN / LLPIN / FLLPIN / Registration No.		
(k)	*Name of Entity		
(I)	Date of Incorporation (DD/MM/YYYY)		
Conta	ct Details of Applicant		
(m)	*Address of the applicant		
(n)	Phone number		
(o)	*Mobile Number (with Country code)		

			Send OTP	Re-s	end OTP
(p) *Enter OTP for Mobile Number				Ve	rify OTP
(q) *E-mail ID					
(r) *Enter OTP for E-mail ID			Send OTP		end OTP
(s) Aadhaar Number					
(s)(i)*Aadhaar Card of the claimant and if joint holders are there, copy of Aadhaar card of all joint holders	Max 2 N	IB	Choose File	Remove	Download
(t) Passport, OCI and PIO card number in case of foreigners and NF	RI				
(t)(i) *Copy Passport, OCI and PIO card in case of foreigners and NRI	Max 2 N	lB	Choose File	Remove	Download
(u) *PAN of the applicant				Verify P	AN
Company/Bank details					
2 *Particulars of the company/bank from which the amount is due	e				
(a) *Corporate Identity number (CIN) of company / Bank Corporate Identification number (BCIN)					
(b) *Name of the company/bank					
(c) *Address of the registered office of the company/bank					
(d) *Email ID of the company/bank					
3 (a) *Is it a case covered under rule 7 (8) & 7(9) of IEPF Rules, 2016			O Yes	C) No
(b) Name of original security holder					
(c) Relation of claimant with security holder					
(d) Number of Nominee/Legal heirs/Successors/ Administrator/ (Others hol	ders			
(e) Name of Beneficiary					
(f) Self attested copy of death certificate	Max 2 N	1B	Choose File	Remove	Download

) Succes							
	sion certificate/Probate/Will		Max 2 MB	Max 2 MB		Remove Dov	
(h) No Objection Certificate from other holder(i) Indemnity Bond and surety affidavit			Max 2 MB		Choose File	Remove Dov	
			Max 2 MB		Choose File	Remove Dov	
(j) Any other document required under rules		ıles	Max 2 MB		Choose File	Remove Dov	
ils of the	Claim						
*Type of				0	Amount (Amount and Sh	
Details	of shares claimed (More than o	one Folio for c	one company/bank ca	an be added)		
	er of Folio		one company, same co	an be added	,		
S.No.	(Physical / Demat)		o No. from which sfer has been made EPF plete Demat bunt number from the transfer has been le to IEPF	Type of Share (Equity / Preference)		Number of share	
		Total	1				
		Total	I	1			
) Number	ount claimed r of claims se details of securities/deposits						
) Number	of claims se details of securities/deposits			Amount ofthe claim	Financial yearto which claim relates (YYYY- YYYY)	Reason for non-receipt/non-encashment of the instrument of payment	
) Year wis	of claims se details of securities/deposits Type of claim (Unpaid dividend/ Applicationmoney due for refund/ Matured deposits/ Matured	Type of Holding (Physical /Demat)	Folio No. from which transfer has been madeto IEPF Complete Demat account number from which transfer has been made to IEPF	ofthe claim	yearto which claim relates (YYYY-	non-receipt/ non- encashment of the instrument of	

(b) *Bank Name						
(c) *IFSC Code						
(d) *Bank Branch						
(e) * Demat account number in which shares shall be credited						
Attachments						
(a) *Client Master List of De-mat A/c of the claimant / Transaction statement for demat holding	Max 2 MB	Choose File	Remove	Download		
(b) *Proof of entitlement (Entitlement letter issued by company/ Bonds/Debentures/Fixed Deposit receipts/Certificate of share/Interest warrant/Dividend warrant, Application No./Statement of transaction, documents for loss of original share certificates as per rules etc.)	Max 2 MB	Choose File	Remove	Download		
(c) *Bank cheque copy	Max 2 MB	Choose File	Remove	Download		
(d) Others - if any	Max 2 MB	Choose File	Remove	Download		
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 declare that I have not claimed/ will not claim, the shares and/or amount claimed under the same folio and/or for same financial year on any earlier occasion for this company/bank.

* I understand that I, am the claimant and after filing the refund claim in this form online, shall send the attachments prescribed below to Nodal Officer (IEPF) of the company / bank 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 In case of refund of matured deposit or debenture, original certificate thereto
- 5 Copy of Aadhaar Card
- 6 Proof of entitlement (certificate of share/Interest warrant Application No. etc.)
- 7 Cancelled Cheque leaf
- 8 Copy of Passport, OCI and PI card in case of foreigners and NRI
- 9 Other optional document, (if any)

Save Submit

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 personmakes astatement,-		
(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)		

"Save as otherwise provided in this Act, if in any return, report, certificate, financial statement,