



भारत सरकार

“Form No. IEPF-5

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]

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

1. Entitlement Letter issued by Company/Bank

☐ Yes

☐ No

If ‘ Yes’ is selected in field no. 1
Copy of an Entitlement Letter

Max 2 MB

Choose File

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2. Claim is to be filed by

☐ Self

☐ Authorised Representative

If filing as Authorised Representative
Signed copy of Authority Letter

Max 2 MB

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3. Applicant details

Particulars of the applicant

3 (a) *Category of Applicant

☐ Individual

☐ Entity

Individual'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)

(j) *CIN / FCRN / LLPIN / FLLPIN / Registration No.

(k) *Name of Entity

(l) *Date of Incorporation (DD/MM/YYYY)

Contact Details of Applicant

(m) * Address of the Claimant

*Address Line 1

Address Line 2

*Country

*Pin Code/Zip Code

*Area/Locality

*City

District

*State/UT

(n) Phone number

(o) *Mobile Number (with Country code)			Send OTP	Re-send OTP
(p) *Enter OTP for Mobile Number			Verify OTP	
(q) *E-mail ID			Send OTP	Re-send OTP
(r) *Enter OTP for E-mail ID			Verify 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 MB	Choose	Remov	Download
(t) Passport, OCI and PIO card number in case of foreigners and NRI				
(t)(i) *Copy Passport, OCI and PIO card in case of foreigners and NRI	Max 2 MB	Choose	Remove	Download
(u) *PAN of the applicant			Verify	

Company/Bank details

4 *Particulars of the company/bank from which the amount is due

(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	

5 (a) *Is it a case of transfer or transmission under rule 7 (8) & 7(9) of IEPF Rules, 2016 Yes ☐ No ☐

(b) Name of original security holder	
(c) Relation of claimant with security holder	
(d) Number of Nominee/Legal heirs/Successors/ Administrator/ Others holders	
(e) Name of Beneficiary	
(f) Copy of death certificate attested by Claimant	Max 2 MB Choose Remove Download

(g) Succession certificate/Probate/Will	Max 2 MB	Choose	Remove	Download
(h) No Objection Certificate from other holder	Max 2 MB	Choose	Remove	Download
(i) Indemnity Bond and surety affidavit	Max 2 MB	Choose	Remove	Download
(j) Any other document required under rules	Max 2 MB	Choose	Remove	Download

Details of the Claim

6. *Type of Claim ☐ Shares ☐ Amount ☐ Amount and Shares

7. Details of shares claimed (More than one Folio for one company/bank can be added)

(a) Number of Folio

Max. 15 Entries

S.No.	Type of Holding (Physical / Demat) ▼	Folio No. from which transfer has been made to IEPF	Type of Share (Equity / Preference) ▼	Number of shares
		Complete Demat account number from which transfer has been made to IEPF ▼		
Total				

8. Details of amount claimed

(a) Number of claims

Max. 15 Entries

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

S.No.	Type of claim (Unpaid dividend/ Application money due for refund/ Matured deposits/ Matured debentures/ Others) ▼	Type of Holding (Physical / Demat) ▼	Folio No. from which transfer has been made to IEPF	Amount of the claim	Financial year to which claim relates (YYYY- YYYY)	Reason for non-receipt/ non- encashment of the instrument of payment
			Complete Demat account number from which transfer has been made to IEPF ▼			
			Total			

9. *Name of Depository

☐ NSDL

☐ CDSL

A. * Demat account number in which shares to be credited by company/bank

(*User has to enter active demat no. with both DPID and CLIENT ID)

Validate

B. Details of Bank account in which amount shall be credited (prefilled)

(a) Bank account number

(b) Bank Name

(c) IFSC Code

(d) MICR Code

Attachments

(a) *Client Master List of De-mat A/c of the claimant /
Transaction statement for demat holding

Max 2 MB

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(b) *Securities Certificate such as
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

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(c) *Bank cheque copy

Max 2 MB

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(d) Optional Attachments-If any

Max 2 MB

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Declaration by the Authorised Representative of Entity

☐ I declare that I am authorized by the vide *resolution/authorization Number
dated <dd/mm/yyyy> to fill and sign this form and 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:

Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information has
been suppressed or concealed.

All the required attachments have been completely and legibly attached to this form.

Declaration by the Authorised Representative of Individual

☐ I declare that I have been duly engaged by vide *authorization number
*dated <dd/mm/yyyy> for the purpose of filing of this form. It is hereby certified that I
have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form
and matters incidental thereto. I further declare that:

Whatever is stated in this form and in the attachments thereto is true, correct and complete and no information has been suppressed or concealed.

All the required attachments have been completely and legibly attached to this form.

Name of the Authorised Representative

Designation/Professional Qualification of the Authorised Representative

Membership/DIN No /PAN No of the Authorised Representative

Declaration by Claimant

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 including the attachments to this form is true, correct and complete and nothing material has been concealed.

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/authorised representative, 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 mail
- 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 Signed Copy of Authority Letter if filed by Authorised representative
- 10 Other optional document, (if any)

Save

Submit

E-Sign

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)

”.

[F. No. 05/04/2020-IEPF]

ANITA SHAH AKELLA, Jt. Secy.