

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

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

About this Document

The Instruction Kit has been prepared to help you file eForms with ease. This documents provides references to law(s) governing the eForms, instructions to fill the eForm at field level and common instructions to fill all eForms. The document also includes important points to be noted for successful submission.

User is advised to refer instruction kit specifically prepared for each eForm.

This document is divided into following sections:

 Part I – Laws Governing the eForm

 Part II – Instructions to fill the eForm

 Part III – Important Points for Successful Submission

 Click on any section link to refer to the section.

Part I – Law(s) Governing the eForm

Rule Number(s)

Form IEPF-5 is required to be filed 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 which are reproduced for your reference

Section 125(3):

The Fund shall be utilized for:

(a) The refund in respect of unclaimed dividends, matured deposits, matured debentures, the application money due for refund and interest thereon;

(b) Promotion of investors' education, awareness and protection;

(c) distribution of any disgorged amount among eligible and identifiable applicants for shares or debentures, shareholders, debenture-holders or depositors who have suffered losses due to wrong actions by any person, in accordance with the orders made by the Court which had ordered disgorgement;

(d) reimbursement of legal expenses incurred in pursuing class action suits under sections 37 and 245 by members, debenture-holders or depositors as may be sanctioned by the Tribunal; and

(e) any other purpose incidental thereto, in accordance with such rules as may be prescribed: Provided that the person whose amounts referred to in clauses (a) to (d) of sub-section (2) of section 205C transferred to Investor Education and Protection Fund, after the expiry of the



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period of seven years as per provisions of the Companies Act, 1956, shall be entitled to get refund out of the Fund in respect of such claims in accordance with rules made under this section.

Section 7(1):

Upon submission, Form No. IEPF-5 shall be transmitted online to the Nodal Officer of the company for verification of claim:

Provided that the claimant after making an application in Form No. IEPF-5 under sub rule 1, shall send original physical share certificate, original bond, deposit certificate, debenture certificate, as the case may be, along with Indemnity Bond, Advance Receipts, any other document as enumerated in Form No. IEPF-5, duly signed by him, to the Nodal Officer of the concerned company at its registered office for verification of the claim.";

Purpose of the eForm

The person in respect of whom any amount is transferred to the IEPF, can make an application by filing Form IEPF-5 with the IEPF authority set up by MCA that shall further process the application. Application can also be made by any legal representative of the deceased person. IEPF authority may seek necessary clarifications from the concerned company/bank.

eForm Number as per Companies Act, 1956

This Form IEPF-5 has been introduced in the Companies Act, 2013.

Part II – Instructions to fill the eForm

Specific Instructions to fill the Form IEPF-5 at Field Level

Instructions to fill the eForm are tabulated below at field level. Only important fields that require detailed instructions to be filled in eForm are explained. Self-explanatory fields are not discussed.

| S. No/ Field Name | | Field Name | Instructions | |
|---------------------|--|-----------------------|---------------------------------------|--|
| Section Name | | | | |
| 1 Particulars of | | Particulars of the | | |
| | | applicant | | |
| (a) Category of App | | Category of Applicant | Select the radio button: | |
| | | | Individual | |
| | | | Others | |
| (b) First Name | | First Name | Enter the First Name of the applicant | |



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| S. No/ Field Name | | Field Name | Instructions |
|---|-----|---|---|
| Section Name | | | |
| © Middle Name | | Middle Name | Enter Middle Name of the applicant |
| (d) Last Name | | Last Name | Enter the Last Name of the applicant |
| | (e) | First Name | Enter the First Name of the applicant |
| | (f) | Middle Name | Enter Middle Name of the applicant |
| | (g) | Last Name | Enter the Last Name of the applicant |
| | (h) | Date of Birth | |
| | (i) | Name of entity | In case 'Other' is selected in Category of applicant, then enter the Name of the Entity |
| | (j) | Date of incorporation | In case 'Other' is selected in Category of applicant, then enter the Date of incorporation of the entity |
| | (k) | Address of the applicant | Enter the address of the applicant |
| | | Phone number | Enter the valid phone number of the applicant |
| | (m) | Aadhaar Number or | Enter the valid Aadhaar Number/Passport/OCI/PIO |
| | | Passport/OCI/PIO Card | Card. |
| | | No. (in case of | |
| | | NRI/foreigners) | |
| (n) PAN of applicant | | PAN of applicant | Enter valid PAN number of Applicant. PAN must be verified by clicking 'Verify PAN Detail'. Applicant's Name . Father's Name and DOB should match with the information available in PAN database. |
| 2 Particulars of the Company from which the amount is due | | | |
| (a) Corporate Identification Number (CIN) of company | | Number (CIN) of | This will be auto-Prefilled based on the CIN selected through Lookup service. |
| (b) Name of the company /bank | | 1 0 | This field would be pre-filled on the basis of CIN selected in lookup service. There would be a SEARCH button enabled to search the CIN. |
| | (c) | Address of the registered office of the company | This will be auto-Prefilled based on the CIN selected through Lookup service |
| | (d) | email ID of the company | This will be auto-Prefilled based on the CIN selected through Lookup service. |



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| | | Field Name | Instructions | | |
|--|------|---|--|--|--|
| Section Name | | | | | |
| under rule 7 (8) & 7(9) of IEPF Rules, 2016 | | | Select the radio Button 'Yes' if the case is related to transmission. Or else select 'No'. | | |
| | (a) | Name of original security holder | If Yes is selected in above, then enter the Name of original security holder. | | |
| | (b) | Relation of claimant with security holder | If Yes is selected above, then enter the relation of claimant with security holder | | |
| | (c) | Number of | If Yes is selected above, then enter the Number of | | |
| | | Nominee/Legal | Nominee/Legal heirs/Successors/ Administrator/ | | |
| | | heirs/Successors/ | Others holders. Maximum 10 can be entered. | | |
| | | Administrator/ Others | | | |
| | | holders. | | | |
| | | Name of Beneficiary | Enter the Name of Beneficiary depending on the | | |
| | | | number entered above. | | |
| 4 | | Type of Claim | Select the Radio Button: | | |
| | | | Amount | | |
| | | | Amount and Shares | | |
| 5 | | Details of shares claimed | This field would be enabled only when 'Amount an shares' is selected in field 4 | | |
| Number of Folio | | Number of Folio | Enter the Number of folios. Maximum 15 can be entered. The number of blocks generated below would be equal to this number entered. | | |
| Type of Holding | | Type of Holding | Select from Drop down: Physical Demat | | |
| | | Folio No./ Complete Demat account number from which transfer has been made to IEPF | Enter the of the Folio No./ DP Id - Client ID - Account number Maximum number of characters allowed for Folio No is 20 and for DP Id - Client ID - Account number is 60. 'Folio No' shall be entered if Physical is selected in 'type of Holding'. 'Account No' shall be entered if | | |



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| S. No/ | Field Name | ion Fund (IEPF)) Instructions | | | |
|---------------------|---|--|--|--|--|
| Section Name | | | | | |
| | | Demat is selected in 'type of Holding' | | | |
| | Type of share | Select from drop down: Equity Preference | | | |
| | Number of shares | Give the number of shares claimed The number should be greater than zero | | | |
| 6 | Details of amount claimed Number of claims | Enter the number of claims to be filed | | | |
| | | The limit for this is 15. The number of blocks generated below would be equal to this number entered. | | | |
| | Type of claim | Select the type of claim from drop down values. | | | |
| | Type of Holding | Select from Drop down: Physical Demat | | | |
| | Folio No./ Complete Demat account number from which transfer has been made to IEPF | Enter the of the Folio No./ DP Id - Client ID - Account number Maximum number of characters allowed for Folio No is 20 and for DP Id - Client ID - Account number is 60. 'Folio No' shall be entered if Physical is selected in 'type of Holding'. 'Account No' shall be entered if Demat is selected in 'type of Holding' | | | |
| Amount of the claim | | Enter the amount of the claim Both Principle and Interest field will be displayed when option 2,3 and 4 are selected in 'Type of claim' else only Principle field will be displayed. Amount should be greater than Zero. | | | |
| | Financial year to which it relates | Select the Financial year range to which the claim relates The year should be equal to or greater than year of incorporation of company and equal to or less than the system date | | | |
| | Reason for non-receipt/ non-encashment of the | Select the Reason for non-receipt/ non-encashment of the instrument of payment from below drop down | | | |



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| S. No/ Field Name Instructions | | ion Fund (IEPF)) Instructions | | | | |
|--------------------------------|-------|---|---|--|--|--|
| Section Name | | | | | | |
| j | | instrument of payment | values: | | | |
| | | | -Change in Address | | | |
| | | | -Death of original investor | | | |
| | | | -Loss of original Documents | | | |
| | | | -Others | | | |
| 7 | | Refund Account Details | | | | |
| | | Details of Bank account in which refund shall be | | | | |
| | | credited | | | | |
| | (a) | Bank account number | Enter the Bank account number in which refund of | | | |
| | | | dividend amount is to be made | | | |
| | | | The maximum number of characters that can be entered | | | |
| | | | are 20 | | | |
| | | Bank Name | Give the bank name in which refund of dividend | | | |
| | | | amount is to be made | | | |
| | | IFSC Code | Give the IFSC code of the branch in which refund of | | | |
| | | | dividend amount is to be made. Maximum 11 | | | |
| | | D 1 D 1 | characters can be entered. | | | |
| | | Bank Branch | Give the description of the bank branch in which | | | |
| | | . | refund of dividend amount is to be made | | | |
| | | Demat account number in which shares shall be | Enter your Demat Account number | | | |
| | | credited | | | | |
| Attach | ments | 1. Aadhaar Card of the cla | imant and if joint holders are there, copy of Aadhaar | | | |
| | | card of all joint holders | | | | |
| | | - Mandatory | | | | |
| | | 2. Passport, OCI and PIO card in case of foreigners and NRI - Mandatory | | | | |
| | | 3. Client Master List of De | 3. Client Master List of De-mat A/c of the claimant - Mandatory | | | |
| | | 4. Proof of entitlement (Bonds/Debentures/Fixed Deposit receipts/Certificate of share/Interest warrant/Dividend warrant, Application No./Statement of transaction etc.) - Mandatory | | | | |
| | | 5. Optional Attachment – | Optional | | | |
| | | In case yes is selected in f | ield 3 the below attachments are mandatory to attach | | | |
| | | 6. Notarised copy of death | certificate. | | | |
| | | 7. Notarised succession ce | ertificate/Probate/Will | | | |



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| S. No/ | Field Name Instructions | | | | | | | |
|--------------|--|---|--|--|--|--|--|--|
| Section Name | | | | | | | | |
| | 8. No Objection Certificate from other holder | | | | | | | |
| | 9. Indemnity Bond for Tra | insmission, duly notarized | | | | | | |
| | 10. Affidavit in form of surety | | | | | | | |
| ОТР | Enter Mobile Number and | e-Mail ID and click on Send OTP button. | | | | | | |
| Validation | Click on this button to send OTP to your mobile number and email ID. Please note that separate OTPs will be sent to mobile number and email ID. Further, please note that OTP can be successfully sent to the mobile number and email ID against one form and IP Address, for a maximum of 10 times in one da OTP shall be valid for a span of 30minutes. For further chances, you may try with new form on next day. | | | | | | | |
| | Enter the OTP for Mobile Number and Email Id received on the mobile number and email id entered in the form. | | | | | | | |
| | Verify OTP Button: This button will be enabled after OTP for mobile number and email address are entered.Please note that the OTPs must be verified before you Submit the form. | | | | | | | |
| | | | | | | | | |
| Submit | Click on the 'Submit' but | on to proceed for challan generation. | | | | | | |

Part III - Important Points for Successful Submission

Fee Rules

IEPF-5:

| S. No | Purpose of the form | Normal Fee | Additional Fee (Delay Fee) | Logic 1 Fees | for Additional | Rem arks |
|----------|--|------------|----------------------------------|-----------------|-----------------------------------|-------------|
| | | | | Event Date | Time limit(days) for filing | |
| 1. | Application to the authority for claiming unpaid amounts and | <u>N/A</u> | N/A | N/A | | |



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| | 1101000 | | | |
|------------------------|---------|--|--|--|
| shares out of Investor | | | | |
| Education and | | | | |
| Protection Fund | | | | |
| (IEPF) | | | | |
| | | | | |

eVerification Report:

Following table of fees shall be applicable for delays in filing of eVerification Report:

| Sl. No. | Event Date | Period of delay | Additional fee payable (in Rs.) |
|------------|-----------------------------|--------------------|--|
| | Date of Filing of IEPF-5 | 30 days | Rs. 50 per day. Maximum upto Rs 2500/- |

Fees payable is subject to changes in pursuance of the Act or any rule or regulation made or notification issued thereunder.

Track IEPF-5 SRN

The system generated Indemnity bond, Advance Receipt, Acknowledgement of IEPF-5 and pdf version of the IEPF-5 web form submitted can be downloaded from 'Track IEPF-5 SRN' Service available on MCA website.

Processing Type

The eForm will be processed by the IEPF Cell (Non STP). On processing of the eForm the details will be saved with MCA.

Email

Once the eForm is uploaded (in case of normal filing or re-Submission), an email notification shall go to Nodal officer of the company to upload eVerification Report for the claimant.

When an eForm is approved/rejected by the authority concerned, an acknowledgement of the same is sent to the user in the form of an email.

Annexure A N/A