

**DRAFT FROMS I.R.O DRAFT RULES FOR CHAPTER VIII OF THE
COMPANIES ACT, 2013**

Form No. 8.1

Statement of unpaid or unclaimed dividend

[Pursuant to section 124(2) & rule 8.3(1)]

1. Financial year to which it relates:

Date of declaration of dividend:

Date of closure of register or members/ Record date:

2. Dividend declared:

Percentage of the dividend declared:

Dividend declared (Rs. per share):

3. Details of the transfer of the amount into unpaid dividend account-

(a) Name of the scheduled bank:

(b) Date of transfer:

4. Details of the persons entitled to such unpaid or unclaimed dividend:

S. No.	Name of the shareholder	Last known address	Dividend unpaid and transferred to Unpaid	Remarks	

			Dividend Account		
(1)	(2)	(3)	(4)	(5)	

5. Details of the person to be contacted for claiming such amount:

(a) Name:

(b) Designation:

(c) Address:

(d) E-mail id:

(e) Telephone No./ /Fax No.:

(f) Mobile No. (optional):

Verification

I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to 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 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. It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Designation (to be given)

DIN of the person signing the form

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification 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 and I have verified the above particulars (including attachment(s)) from the original records maintained by the

Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;

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

Signature

Chartered Accountant/Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

Attachments :

a. List of unpaid and unclaimed dividend.

Note:

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 filing company. Attention is also drawn to provisions of Section 448 which provide for punishment for false statement and certification.

FORM No. 8.2

**Statement of unclaimed or unpaid dividend and interest thereon
transferred to the Investor Education and Protection Fund**

[Pursuant to section 124(5) & rule 8.4(3)]

Corporate Identification Number (CIN):

Name of the company:

Authorised Capital:

Address of the Registered Office:

E-mail ID

Date of declaration of the dividend

Details of transfer of unpaid or unclaimed
amount of dividend to Unpaid Dividend
Account under section 124(1)

- i) Date of transfer
- ii) Name of the Bank
- iii) Account Number

Date of payment of amount to the Fund:

Details of payment

- i) Name of the Bank
- ii) Account Number
- iii) Mode of Payment and
details thereof (e.g. DD
No and Date, Bank
Name, RTGS No. etc)

Financial year(s) to which the amount(s)
relates.

Details of shareholders whose dividend
transferred (can be given by way of

annexure if the number of shareholders exceeds ten).

Sl. No.	Folio No. / Client ID	Name of the member to whom the amount of Dividend due (to be given in alphabetical order)	Last known address of the person entitled to receive the amount	No. of Equity/Preference Shares held
1	2	3	4	5

Amount Due on Equity Share/ Preference Share (in Rs.)	Interest thereon, if any (in Rs.)	Total amount due and unpaid as per the Company's Unpaid Dividend Account and Interest thereon
6	7	8

For the use of the Authority

Verification

I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to 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 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. Certified that whole of the amount remaining unpaid or unclaimed for a period of seven years from the date of transfer to Unpaid Dividend Account under sub-section (1) of section 124 and interest accrued thereon has been transferred to the Fund. Total Amount (in Rs.):

It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Designation (to be given)

DIN of the person signing the form

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification 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 and I have verified the above particulars (including attachment(s)) from the original records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

- a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;
- b. All the required attachments have been completely and legibly attached to this form;

Signature

Chartered Accountant/Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

Attachments :

Note:

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 filing company. Attention is also drawn to provisions of Section 448 which provide for punishment for false statement and certification.

FORM No. 8.3

Statement of shares in respect of which unpaid or unclaimed dividend has been transferred to the Investor Education and Protection Fund

[Pursuant to Section 124(6) & rule 8.5(4)]

Corporate Identification Number (CIN):

Name of the company:

Authorised Capital:

Address of the Registered Office:

E-mail ID

Date of declaration of the dividend

Details of transfer of unpaid or unclaimed amount of dividend to Unpaid Dividend Account under section 124(1)

- i) Date of transfer
- ii) Name of the Bank
- iii) Account Number

Date of payment of amount to the Fund:

Details of payment

- i) Name of the Bank
- ii) Account Number
- iii) Mode of Payment and details thereof (e.g. DD No and Date, Bank Name, RTGS No. etc)

Financial year(s) to which the amount(s) relates.

SRN of eform 8.2 for transfer of unclaimed dividend to IEPPF.

Details of shares transferred:

Sl. No.	Folio No. / Client ID	Name of the member in whose name shares are registered	Last known address of the member	No. of held Equity Preference
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1	2	3	4	5
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Nominal and paid up value of each class of shares

6

Distinctive number of shares

For the use of the Authority

Verification

I am authorized by the Board of Directors of the Company vide resolution no..... dated..... to 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 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. Certified that all the shares in respect of which the dividend has remained unpaid or unclaimed for a period of seven years from the date of transfer to Unpaid Dividend Account under sub-section (1) of section 124 have been transferred to the Fund for nominal value of shares ____.

It is hereby further certified that the professional (Name and Type i.e. C.A/CS/CWA/ to Given) certifying this form has been duly engaged for this purpose.

To be digitally signed by

Designation (to be given)

DIN of the person signing the form

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification 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 and I have verified the above particulars (including attachment(s)) from the original records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

- a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;
- b. All the required attachments have been completely and legibly attached to this form;

Signature

Chartered Accountant/Cost Accountant/Company Secretary in practice whether Associate or Fellow

Membership No. and also CP No.

Attachments :

- a. Proof of transfer of shares.
- b. Optional attachment.

Note:

Attention is also drawn to provisions of Section 448 which provide for punishment for false statement and certification.

For office use only:

Digital signature of the authorizing officer

This e-form is hereby taken on record

FORM NO. 8.4

**Application to the Authority for an order for payment of
dividend etc. out of the Fund**

[Pursuant to rule 8.7(1) & section 125 (3)(a)]

1. Particulars of the applicant

Name:

Address:

E-mail Id:

Contact No. : Phone / Mobile No.

2. Particulars of the Company from which the amount is due

(a) CIN:

(b) Name:

(c) Registered office address:

3. Nature of amount claimed :

(i) Dividend on Equity

(ii) Preference shares

(iii) matured deposits

(iv) matured debentures

(v) application money due for refund

(vi) interest accrued on.....

(vii) sale proceeds of fractional shares and redemption proceeds of
preference shares

(viii) Dividend credited to IEPF under the Companies Act, 1956/
Dividend credited to General Revenue Account under the
Companies Act, 1956 / others, specify.....

4. Financial year(s) to which it relates or in which the amount
became due:

5. Details of securities / deposits in respect of which claim is made:

(a) Preference shares:

(b) Equity shares:

(c) Debentures:

Any other security /deposit/financial instrument (please specify)

6. Folio No./ Client ID

7. Reference of entry number, if available, in the Statement
submitted by the company to the Authority.....

8. Amount claimed: Please attach year wise details of amount claimed

9. Reasons for non- receipt of the amount from the company or not
encashing the dividend warrant, interest warrant or other instrument
of payment:

Signature

Date:

Place:

Advance Receipt

Received from the Authority the sum of Rs..... being the amount payable to me from the Investor Education and Protection Fund as (Dividend on Equity / Preference shares / matured deposits / matured debentures / application money due for refund / interest accrued on...../Dividend credited to IEPF under Companies Act, 1956/ Dividend credited to General Revenue Account under Companies Act, 1956 / others, specify.....) which was originally due from M/s.....

Signature of claimant

Stamp

Signature of witness:

1. Signature with date

Name

Address

2. Signature with date

Name

Address

Enclosures :

- (i) Indemnity Bond, if applicable;
- (ii) Proof of Identity;
- (iii) Proof of Residence;
- (iv) Proof of entitlement e.g. letter from the company etc
- (v) In case claimant is claiming the amount as legal heir of a deceased person, probate / succession certificate / letter of administration / will etc.
- (vi) Others

FORM NO. 8.5

Indemnity bond

(See Rule 8.7(2)(a))

To

The Authority

.....

In consideration of the payment of Rs. being the amount due to me as (Dividend on Equity / Preference shares / matured deposits / matured debentures / application money due for refund / interest accrued on...../Dividend credited to IEPF under Companies Act, 1956/ Dividend credited to General Revenue Account under Companies Act, 1956 / others, specify.....) for the Financial Year..... from M/s out of the Investor Education and Protection Fund by the Authority,

Ison /daughter /wife of do hereby agree and undertake to indemnify the Authority to the extent of any claim not exceeding the amount hereinbefore mentioned which may be preferred against the Authority, and which it has to lawfully discharge.

Signature

Date:

Place:

Witnesses:

1. Signature with date

Name

Address

2. Signature with date

Name

Address

FORM NO. 8.6

Payment order

Upon the application of..... dated....., it is hereby certified that the amount claimed under the above application namely Rs..... being the amount relating to (unpaid dividend, etc.) has actually been deposited by into the Fund on (date of transfer by the company to the Fund) and on the verification of the claim of the above named applicant and on the indemnity received, we certify that the amount deposited belongs to such person.

Accordingly, the order of payment of the amount mentioned above in favor of Shri/Smt.....is hereby passed.

Signature
