

# FORM 1 INV

## Statement of amounts credited to investor education and protection fund

[Pursuant to rule 3 of the Investor Education and Protection Fund (Awareness and Protection of Investors) Rules, 2001]

Form Language  English  iħrdĪ

**Note - 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

3.\* Service request number (SRN) in respect of payment made to the fund

4.\* Date of payment of amount to the fund  (DD/MM/YYYY)

5.\* Amount credited to the fund (in Rs.)

6.\* Mode of payment

Challan payment (Cash, Cheque, Demand draft)  Online Payment

7. Details of the amount credited to the fund

S.No.	Particulars	Amount (in Rs.)	Date by which amount should have been credited to the fund
(a)	Amount in the unpaid dividend accounts of companies		
(b)	The application money received by companies for allotment of any securities and due for refund		
(c)	Matured deposits with companies		
(d)	Matured debentures with companies		
(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		
(f)	Grants and donation		
(g)	Total		

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

**Attachments**

List of attachments

1. Optional attachment(s) - if any

**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

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

\* Whether associate or fellow  Associate  Fellow

\* Membership number or certificate of practice number

**For office use only:**

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

**Digital signature of the authorising officer**

Date of signing

(DD/MM/YYYY)