

# FORM 5 INV

## Statement of unclaimed and unpaid amounts

[Pursuant to rule 3 of the Investor Education and Protection Fund (Uploading of information regarding unpaid and unclaimed amounts lying with companies) Rules, 2012]

**Note 1 - Please adhere to the 'Process for uploading Investor-wise details' as mentioned on the Acknowledgment, to be generated upon upload of this eForm.**

**Note 2 - All fields marked in \* are to be mandatorily filled.**

1(a) *Corporate identity number(CIN) of company or Corresponding new bank	<input type="text" value="L24232MP1983PLC002231"/>	<input type="button" value="Pre-fill"/>
(b) Global location number (GLN) of company	<input type="text"/>	
2(a) Name of the company or Corresponding new bank	<input type="text" value="MEDICAPS LIMITED"/>	
(b) Address of the registered office of the company or Corresponding new bank	<input type="text" value="MHOW - NEEMUCH ROAD&lt;br/&gt;SECTOR 1 PITHAMPUR&lt;br/&gt;DHAR&lt;br/&gt;Madhya Pradesh&lt;br/&gt;INDIA&lt;br/&gt;454775"/>	
(c) e-Mail ID of the Company or Corresponding New Bank	<input type="text" value="indore@medicaps.com"/>	
3. (a) *Financial year ended	<input type="text" value="31/03/2014"/>	(DD/MM/YYYY)
(b) *Date of annual general meeting (AGM) or Due date whichever is earlier	<input type="text" value="27/09/2014"/>	(DD/MM/YYYY)
4. *Whether registered with Reserve Bank of India (RBI)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
5. *Number of small shareholders of the company or Corresponding new bank	<input type="text" value="5896"/>	
6. *Number of small depositors of the company or Corresponding new bank	<input type="text" value="0"/>	

### 7. Details of unclaimed and unpaid amounts

(a) *Amount of Unclaimed and unpaid dividend	<input type="text" value="1,563,788.50"/>
(b) *Amount of application moneys received and due for refund	<input type="text" value="0.00"/>
(c) *Amount of matured deposits	<input type="text" value="0.00"/>
(d) *Amount of matured debentures	<input type="text" value="0.00"/>
(e) Interest accrued on the amounts referred to in clause (a) to (d) above	
(i) *Unpaid dividend	<input type="text" value="0.00"/>
(ii) *Application money due for refund	<input type="text" value="0.00"/>
(iii) *Matured deposit with companies	<input type="text" value="0.00"/>
(iv) *Matured debentures with companies	<input type="text" value="0.00"/>
<b>Total</b>	<input type="text" value="1,563,788.50"/>

**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 or corresponding new bank



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



\* Whether associate or fellow  Associate  Fellow

\* Membership number or certificate of practice number

**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 company**