

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
SECTOR 1 PITHAMPUR
DHAR
Madhya Pradesh
INDIA
454775"/>	
(c) e-Mail ID of the Company or Corresponding New Bank	<input type="text" value="investors@medicaps.com"/>	
3. (a) *Financial year ended	<input type="text" value="31/03/2015"/>	(DD/MM/YYYY)
(b) *Date of annual general meeting (AGM) or Due date whichever is earlier	<input type="text" value="24/09/2015"/>	(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="4988"/>	
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="1,342,631.00"/>
(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"/>
Total	<input type="text" value="1,342,631.00"/>

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 * 05 dated * 12/08/2015 (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