FAQ's related to claim of equity shares from IEPF

1. What is Corporate Identification Number of Dabur India Limited which required to be mentioned at S.No. 2 of the Form IEPF – 5 ?

Ans. L24230DL1975PLC007908 is the Corporate Identification Number of Dabur India Limited. All shareholders are requested to click on the button pre-fill before submitting the form to MCA.

2. What is "total nominal amount of the shares" which should be mentioned at S. No. 3 of Form IEPF -5 ?

Ans. Face value of equity shares of Dabur India Limited is Re. 1 per share. Accordingly, total nominal amount of the shares shall be equal to the number of shares to be claimed from IEPF. For example, you are claiming 500 equity shares from IEPF then total nominal amount of the shares shall be Rs. 500 (500*1).

3. What is the format of Advance Receipt and whether revenue stamp to be fixed on it ?

Ans. Please refer Annexure – 1 for the format of Advance Receipt. Yes, please ensure revenue stamp is affixed on the Advance Receipt.

4. What is the format of Indemnity Bond and whether it shall be on Stamp Paper?

Ans. Please refer Annexure – 2 for the format of Indemnity Bond. Yes, it shall be on stamp paper as per applicable state law.

5. Whether client master list (CML) is required to be provided & whether it shall be certified by the DP?

Ans. Yes, to provide client master list is mandatory and it shall be mandatory certified by the DP. Please ensure all the details of the shareholders like name, PAN etc mentioned in the CML is matching with record of the Company.

Advance Receipt

Received from the Investor Education and Protection Fund Authority the sum of Rs.....and No. of Shares being the amount and shares 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 or Companies Act, 2013/ Dividend credited to General Revenue Account under Companies Act, 1956 / others, specify.......)# which was originally due from M/s......(Name of the Company).

Signature of claimant with date

Affix revenue stamp

Signature of witness:

- Signature with date Name Address
- Signature with date Name Address

*Please ensure to affix Revenue Stamp with crossed Signature to avoid delay in processing of the claim

Strike off whichever is not applicable

Indemnity bond

To The Investor Education and Protection Fund Authority

Signature Date: Place:

Witnesses:

- Signature with date Name Address
- Signature with date Name Address

* For ensuring timely processing of the claim, please ensure to make all the entries # Strike off whichever is not applicable