

# 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="L52520MP1986PLC003405"/>  | <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="AD- MANUM FINANCE LIMITED"/>  |   |
| (b) Address of the registered office of the company or Corresponding new bank | <input agarwal="" floor<br="" ground="" house\"="" type="text" value="\"/> 5, YESHWANT COLONY<br>INDORE<br>Madhya Pradesh<br>INDIA<br>452003"/> |   |
| (c) e-Mail ID of the Company or Corresponding New Bank                        | <input type="text" value="cs@admanumfinance.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="30/09/2015"/>   | (DD/MM/YYYY)                            |
| 4. *Whether registered with Reserve Bank of India (RBI)                       | <input checked="" type="radio"/> Yes <input type="radio"/> No   |   |
| 5. *Number of small shareholders of the company or Corresponding new bank     | <input type="text" value="1775"/>   |   |
| 6. *Number of small depositors of the company or Corresponding new bank       | <input type="text" value="0"/>  |   |
| <b>7. Details of unclaimed and unpaid amounts</b>                             |   |   |
| (a) *Amount of Unclaimed and unpaid dividend                                  | <input type="text" value="1,108,967.00"/>   |   |
| (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"/>   |   |
| <b>Total</b>  | <input type="text" value="1,108,967.00"/>   |   |

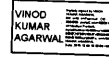
**Verification**

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 \*  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**