FORM NO. IEPF-2



Statement of unclaimed and unpaid amounts

[Pursuant to rule 5(8) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]

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Form language

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○ Hindi

Refer the instruction kit for filing the form.

Note 1- Please adhere to the 'Proc to be generated upon upload of th		estor-wise details	s' as mentioned on the	Acknowledgment
Note - All fields marked in * are to	be mandatorily filled			
Corporate identity number (CIN) of company/Bank Corporate Identification number (BCIN)		L34300MP1992	PLC006912	Pre-fill
(b) Global Location number (GLN)	of the company			
2. (a) Name of the company/bank				
	PORWAL AUTO COM	PONENTS LTD		
(b) Address of registered office of	the company/bank			
PLOT NO. 209, SECTOR 1, INDU PITHAMPUR Madhya Pradesh 454775 India	STRIAL AREA			
(c) *email id of the company/bank	admin@porwalauto.co	om		
3. (a) *Financial year ended		31/03/2018	(DD/MM/Y)	YYY)
(b) *Date of annual general meeting Due date whichever is earlier		29/09/2018	(DD/MM/Y)	YYY)
4. *Whether registered with Reserve	Bank of India (RBI)	○ Yes • I	No	
5. Number of small shareholders of t	he company		9503	
6. Number of small depositors of the	company		0	
7. Details of unclaimed and unpaid		_		
(a) *Amount of Unclaimed and unpaid dividend			495,642.50	
(b) *Amount of application moneys	refund	0.00		
(c) *Amount of matured deposits			0.00	
(d) *Amount of matured debentures			0.00	
(e) Interest accrued on the amoun	ts referred to in clause	(b) to (d) above		
(i) *Application money due for	refund		0.00	
(ii) *Matured deposit with companies			0.00	
(iii) *Matured debentures with o	companies		0.00	
(f) *Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation			0.00	
(g) *Redemption amount of prefere	ence shares		0.00	
(h) Others			0.00	
	Total		495,642.50	

Declaration

to sign and submit the To the best of my know thereunder in respectively.	nis form. lowledge and of the subj nformation g	oard of directors' reso d belief, I declare that ject matter of this form iven herein above is t ressed.	t all the requi	rements of Com s incidental ther	eto have	been complied	d with. I also	de
* To be digitally sign	- I.	Mukes						
Designation	Director							
DIN of the director; of CFO; or Membership PAN of Authorized po	number of	3.	00245	111]			
Note: Attention is also drawn to provisions of Section 448 and section 449 of Companies Act, 2013 which provide for punishment for false statement and false evidence.								
Modify		Check Form		Prescrutiny		5	Submit	

This eform has been taken on file maintained by the IEPF Authority through electronic mode and on the basis of statement of correctness given by the company.