Form No. IEPF-2 Statement of unclaimed and unpaid amounts and details of Nodal officer

[Pursuant to rule 5(8) and 7(2B) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Form language

Refer instruction kit for filing the form

All fields marked in * are mandatory

Purpose of form

- 1 (a) *Purpose of filing is related to
- Statement of unclaimed and unpaid amounts
- Nodal Officer
- Deputy Nodal Officer
- (b) *Sub purpose of filing
- Appointment
- ◯ Updation
- Cessation

Company/ Bank related information

- 2 (a) *Corporate identity Number (CIN) of company / Bank Corporate Identification Number (BCIN) of the Bank
 - (b) *Name of the company/bank
 - (c) * Address of the registered office of the company /bank
 - (d) *Email ID of the company/bank
 - (e) *Whether a person is already an existing nodal officer in any holding/subsidiary company
 - (f) If Yes, CIN of the holding/Subsidiary company

3 Details of Nodal Officer

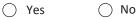
(a) *Name of the Nodal Officer

L23200MH1992PLC068905 GANDHAR OIL REFINERY (INDIA)

LIMITED

ROAD, GOREGAON (WEST),,NA,MUMBAI,Maharashtra ,India,400062

*****ndharoil.com



(b) *First Name	
(c) Middle Name	
(d) *Last Name	
(e) *Father's First Name	
(f) Father's Middle Name	
(g) *Father's Last Name	
(h) *Date of Birth (DD/MM/YYYY)	
(i) *PAN	
(j) *Designation	
(k) *Gender	
(I) Official Postal address	
*Address Line 1	
*Address Line 2	
*Country	
*Pin Code/Zip code	0
*Pin Code/Zip code *Area/Locality	0
*Area/Locality	
*Area/Locality *City	
*Area/Locality *City District	
*Area/Locality *City District *State/UT	
*Area/Locality *City District *State/UT (m) *Phone (With STD/ISD code)	
*Area/Locality *City District *State/UT (m) *Phone (With STD/ISD code) (n) *Mobile Number	
*Area/Locality *City District *State/UT (m) *Phone (With STD/ISD code) (n) *Mobile Number (o) *Email id	
*Area/Locality *City District *State/UT (m) *Phone (With STD/ISD code) (n) *Mobile Number (o) *Email id	
*Area/Locality *City District *State/UT (m) *Phone (With STD/ISD code) (n) *Mobile Number (o) *Email id (p) *Date of Board Resolution (DD/MM/YYYY)	

(a) *Name of the Deputy Nodal Officer to be added	
(a)(i) *Number of Deputy Nodal Officers for which details need to be updated	
(a)(ii)*Name of the Deputy Nodal Officer whose details needs to be updated	
(a)(iii)*Number of Deputy Nodal Officers is to be ceased	
(a)(iv)* Name of the Deputy Nodal Officer is to be ceased	
(b) *First Name	
(c) Middle Name	
(d) *Last Name	
(e) *Father's First Name	
(f) Father's Middle Name	
(g) *Father's Last Name	
(h) *Date of Birth (DD/MMYYYY)	
(i) *PAN	
(j) *Designation	
(k) *Gender	
(k) *Gender (Male/Female/Transgender)	
 (k) *Gender (Male/Female/Transgender) (I) Official Postal address 	
 (k) *Gender (Male/Female/Transgender) (I) Official Postal address *Address Line 1 	
 (k) *Gender (Male/Female/Transgender) (I) Official Postal address *Address Line 1 Address Line 2 	
 (k) *Gender (Male/Female/Transgender) (l) Official Postal address *Address Line 1 Address Line 2 *Country 	
<pre>(k) *Gender (Male/Female/Transgender) (l) Official Postal address *Address Line 1 Address Line 2 *Country *Pin Code/Zip code</pre>	
<pre>(k) *Gender (Male/Female/Transgender) (l) Official Postal address *Address Line 1 Address Line 2 *Country *Pin Code/Zip code *Area/Locality</pre>	
<pre>(k) *Gender</pre>	
<pre>(k) *Gender (Male/Female/Transgender) (I) Official Postal address *Address Line 1 Address Line 2 *Country *Pin Code/Zip code *Area/Locality *City District</pre>	

(n) *Mobile Number	
(o) *Email id	
(p) *Date of Board Resolution (DD/MM/YYYY)	
Dividend related details	
5 (a) *Financial year ended (FY-7) (DD/MM/YYYY)	31/03/2024
(b) *Date of annual general meeting (AGM) or Due date whichever is earlier (DD/MM/YYYY)	05/09/2024
6 *Whether registered with Reserve Bank of India (RBI)) Yes 💿 No
7 Number of small shareholders/depositors of the company	182918
8 Number of shares in the unclaimed suspense/demat suspense account of the company	0

9 Details of unclaimed and unpaid amounts for previous seven years including current year

S.No	Particulars	Unclaimed and unpaid amounts lying with the company/bank separately for each of the last seven financial years							
		FY-1	FY-2	FY-3	FY-4	FY-5	FY-6	FY-7	Total
1	Amount in the unclaimed and unpaid dividend accounts of the company/bank	0	0	0	17730	4099	110347.5	14771	146947.500
(a)	No. of Underlying Shares for the Amount in the unpaid dividend accounts of the company/bank	0	0	0	3940	4099	44930	30345	83314.000
(b)	Amount refunded by the Company/bank from the unpaid dividend account during the year	0	0	0	0	0	0	0	0.000
2	The amount received under sub- section (4) of section 38	0	0	0	0	0	0	0	0.000
3	Amount of application moneys received and due for refund	0	0	0	0	0	0	0	0.000
4	Amount of matured deposits	0	0	0	0	0	0	0	0.000
(a)	Amount refunded by the Company/bank from the matured deposits during the year	0	0	0	0	0	0	0	0.000
5	Amount of matured debentures	0	0	0	0	0	0	0	0.000
(a)	Amount refunded by the Company/bank from the matured debentures during the year	0	0	0	0	0	0	0	0.000
6	Interest accrued on the amounts referred to in clause (3) to (5) above								

	Application money due for ref	und							
(i)		0	0	0	0	0	0	0	0.000
(ii)	Matured deposits with companies/banks	0	0	0	0	0	0	0	0.000
(iii)	Matured debentures with companies/banks	0	0	0	0	0	0	0	0.000
7	Sale proceeds of fractional sha arising out of issuance of bonu shares, merger and amalgamation		0	0	0	0	0	0	0.000
8	Redemption amount of preference shares	0	0	0	0	0	0	0	0.000
9	Others	0	0	0	0	0	0	0	0.000
	Total	0.000	0.000	0.000	17730.00 0	4099.000	110347.5 00	14771.000	146947.500
durin 11 *Any	ount of Dividend declared on shing the Financial year as mention other benefits declared (as per	ned in 5(a) abov rule 6(8)) on sh	ve ares of the	company/		0			
	; with IEPF during the Financial	year as mentior	ned in 5(a)	above					
2 *Board Nodal	ents for wise details (excel file) Resolution for appointment of Officer nal attachment(s) - if any	Nodal Officer/	Deputy			V3_IEP	2F-2_v2.6 R	evised (1).xl	lsm
Declaratio	on								
I have bee	en authorised by the Board of d	irectors' resolu	tion numbe	er* 10			da	ited (DD/MI	M/YYYY)*
respect of	2024 to best of my knowledge and belie of the subject matter of this for rein above is true, correct and o	m and matters	all the requincidental t	uirements thereto ha	ve been co	mplied with	h. I also dec	lare that all	the information
*To be d	igitally signed by								

*DIN of the Director or Managing Director; or PAN of the Manager or CEO or CFO; or Membership number of the secretary; or PAN of Authorised person of the bank 0^{2*5*9*} Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for statement / certificate and punishment for false evidence respectively This eForm has been taken on file maintained by the IEPF Authority through electronic mode and based on statement of con- given by the company/bank	
statement / certificate and punishment for false evidence respectively This eForm has been taken on file maintained by the IEPF Authority through electronic mode and based on statement of co	
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For office use only:	
eForm Service request number (SRN)	
eForm filing date (DD/MM/YYYY) 02/12/2024	