

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

English Hindi

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

L25202MP1984PLC002669

(b) *Name of the company/bank

COMMERCIAL SYN BAGS LIMITED

(c) * Address of the registered office of the company /bank

COMMERCIAL HOUSE, 3-4,
JAORA COMPOUND M.Y.H. ROAD

(d) *Email ID of the company/bank

*****tors@comsyn.com

(e) *Whether a person is already an existing nodal officer in any holding/subsidiary company

Yes No

(f) If Yes, CIN of the holding/Subsidiary company

3 Details of Nodal Officer

(a) *Name of the Nodal Officer

(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

(l) Official Postal address

*Address Line 1

*Address Line 2

*Country

*Pin Code/Zip code

*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)

Deputy nodal officer details

4 *Number of Deputy Nodal Officers to be added

(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

(Male/Female/Transgender)

(l) Official Postal address

*Address Line 1

Address Line 2

*Country

*Pin Code/Zip code

*Area/Locality

*City

District

*State/UT

(m) *Phone (With STD/ISD code)

(n) *Mobile Number

(o) *Email id

| | | | | | | | | | | |
|-------|---|-------|-------|--------|----------|-----------|---|-------|-------|-----------|
| (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 shares arising out of issuance of bonus shares, merger and amalgamation | 0 | 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 | 40.000 | 9363.000 | 45971.000 | 0 | 0.000 | 0.000 | 55374.000 |

Note:

- (1) FY-7 is the current financial year as mentioned in 5(a) above
- (2) Amount mentioned in FY-1 indicates amount due to be credited to IEPF in next financial year
- (3) Amounts are to be given separately for each financial year indicating the amount unclaimed/unpaid as on end of that particular financial year

10 *Amount of Dividend declared on shares of the company/bank lying with IEPF during the Financial year as mentioned in 5(a) above

11 *Any other benefits declared (as per rule 6(8)) on shares of the company/bank lying with IEPF during the Financial year as mentioned in 5(a) above

Attachments

- 1 *Investor wise details (excel file)
- 2 *Board Resolution for appointment of Nodal Officer/ Deputy Nodal Officer
- 3 Optional attachment(s) - if any

Declaration

I have been authorised by the Board of directors' resolution number* dated (DD/MM/YYYY)* to sign and submit this form.

To the best of my knowledge and belief, I declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

*To be digitally signed by

* Designation
 (Director/Manager/ Company Secretary/CFO/CEO/Managing Director/Authorised person of the bank)

*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*0*7*1*

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false 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 correctness given by the company/bank

For office use only:

eForm Service request number (SRN)

AB2026492

eForm filing date (DD/MM/YYYY)

29/11/2024