

FORM-G**Deposit of Unclaimed Dividends and/or Undistributed Proceeds**

[Under Regulation 39(5) of the Insolvency and Bankruptcy Board of India (Voluntary Liquidation Process) Regulations, 2017]

A. Details of Voluntary Liquidation Process

| Sl. No | Description | Particulars |
|---------------|--|--------------------|
| (1) | (2) | (3) |
| 1 | Name of the Corporate Person | |
| 2 | Identification Number of Corporate Person (CIN/LLPIN) | |
| 3 | Voluntary Liquidation Commencement Date | |
| 4 | Date of Deposit into the Corporate Voluntary Liquidation Account | |
| 5 | Amount deposited into the Corporate Voluntary Liquidation Account (Rs.) | |
| 6 | Bank Account from which the amount is transferred to Corporate Voluntary Liquidation Account a. Account No: b. Name of Bank: c. IFSC: d. MICR: e. Address of Branch of the Bank: | |
| 7 | Details of the Amount (Rs.) deposited into Corporate Voluntary Liquidation Account a. Unclaimed dividends b. Undistributed proceeds c. Income earned till the due date of deposit d. Interest at the rate of twelve per cent on the amount retained beyond due date (Please show computation of interest amount) Total | |

B. Details of Stakeholders entitled to Unclaimed Dividends or Undistributed Proceeds

| Sl. No. | Name of stakeholder entitled to receive unclaimed dividends or undistributed proceeds | Address, phone number and email address of the stakeholder | Identification Number of the stakeholder (PAN, CIN/LLPIN/DIN, Aadhaar No.) (Please attach Identification proof.) | Amount due to the stakeholder (Rs.) | Nature of Amount due | Remarks |
|----------------|--|---|---|--|-----------------------------|----------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 1 | | | | | | |
| 2 | | | | | | |

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|---|--|--|--|--|--|--|
| 3 | | | | | | |
| | | | | | | |

C. Details of Deposit made into the Corporate Voluntary Liquidation Account

I (*Name of Liquidator*) have deposited Rs..... (Rupeesonly) into the Corporate Voluntary Liquidation Account on vide acknowledgment no.. ... dated

I (*Name of Liquidator*) hereby certify that the details provided in this Form are true and correct to the best of my knowledge and belief, and nothing material has been concealed.

Date:.....

Place:.....

(Signature)
Name of the Liquidator
IP Registration
No:

Address as registered with the Board:
Email id as registered with the Board: