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

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	English
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○ Hindi

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All fields marked in * are mandatory

1 (a) *Purpose of filing is related to

Purpose	of	form
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- Statement of unclaimed and unpaid amounts
 - O Nodal Officer
 - O 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

L66010KA1990PLC011409

AADHAR HOUSING FINANCE LIMITED

No.3, 'JVT Towers', 8th A Main Road, Sampangi Rama Nagar,,NA,Bangalore,Karnataka,In dia,560027

*****ada.pathak@aadharhousing.

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3	Details	of	Nodal	Officer

(a) *Name of the Nodal Officer

(b) *First Name		
(c) Middle Name		
(d) *Last Name		
(4)		
(e) *Father's First Name		
(f) Father's Middle Name		
(i) Father Sivilutie Name		
(g) *Father's Last Name		
(h) *D-+f D:-th (DD /8484 (0000))		
(h) *Date of Birth (DD/MM/YYYY)		
(i) *PAN		
(j) *Designation		
(k) *Gender		
(I) Official Postal address		
*Address Line 1		
*Address Line 2		
*Country		
*Country		
*Country *Pin Code/Zip code	0	
*Pin Code/Zip code	0	
	0	
*Pin Code/Zip code	0	
*Pin Code/Zip code *Area/Locality *City	0	
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*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)		
*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)		

(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) (I) 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)	
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)	14/09/2024
6 *Whether registered with Reserve Bank of India (RBI)	YesNo
7 Number of small shareholders/depositors of the company	343
8 Number of shares in the unclaimed suspense/demat suspense account of the company	26100

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						ly for	
		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	79206	96006	0	0	0	0	0	175212.000
(a)	No. of Underlying Shares for the Amount in the unpaid dividend accounts of the company/bank	0	0	0	0	0	0	0	0.000
(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 subsection (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	1815000	448000	675173	282000	1630000	4850173.000
(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	60000	0	54000	114000.000
(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								

(i)	Application money due for refund	0	0	0	0	0	0	0	0.000
(ii)	Matured deposits with companies/banks	0	0	149737	43753	263772	152922	909970	1520154.000
(iii)	Matured debentures with companies/banks	0	0	0	0	33899	0	22849	56748.000
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	79206.00 0	96006.00 0	1964737 .000	491753.0 00	1032844. 000	434922.0 00	2616819. 000	6716287.000
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									
	ny other benefits declared (as per rule 6 ing with IEPF during the Financial year a				'bank	0			
Attach	ments								
	1 *Investor wise details (excel file) V3_IEPF-2_v2.6_Div.xlsm V3_IEPF-2_v2.6_Fixed.xlsm V3_IEPF-2_v2.6_MD.xlsm								
	ard Resolution for appointment of Noda dal Officer	ii Officer/ t	Deputy						
3 Opt	ional attachment(s) - if any								
Declar	ation								
I have	been authorised by the Board of directo	ors' resolut	tion numbe	er* 12(b)			da	ated (DD/M	M/YYYY)*
09/0	09/08/2023 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	Company Secretary 1*5*4
inclination of the secretary, or I Aiv or Authorised person of the bank	
Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 statement / certificate and punishment for false evidence respectively	3 which provide for punishment for false
This eForm has been taken on file maintained by the IEPF Authority through electronic m given by the company/bank	ode and based on statement of correctness
	ode and based on statement of correctness
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