

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

L24232PB1995PLC016664

(b) *Name of the company/bank

NECTAR LIFE SCIENCES LIMITED

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

VILL SAID PURATEH DERA BASSI
DISTT PATIALA

(d) *Email ID of the company/bank

*****clife.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	0
*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

(p) *Date of Board Resolution (DD/MM/YYYY)

Dividend related details

5 (a) *Financial year ended (FY-7) (DD/MM/YYYY)

31/03/2025

(b) *Date of annual general meeting (AGM) or Due date whichever is earlier (DD/MM/YYYY)

29/09/2025

6 *Whether registered with Reserve Bank of India (RBI)

☐ Yes ☒ No

7 Number of small shareholders/depositors of the company

69862

8 Number of shares in the unclaimed suspense/demat suspense account of the company

500

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	45383.55	39640.7	43224.79	0	0	0	0	128249.040
(a)	No. of Underlying Shares for the Amount in the unpaid dividend accounts of the company/bank	907671	792814	868561	0	0	0	0	2569046.000
(b)	Amount refunded by the Company/bank from the unpaid dividend account during the year	85	87.5	138.5	0	0	0	0	311.000
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								
(i)	Application money due for refund	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 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	45383.55 0	39640.70 0	43224.7 90	0.000	0.000	0.000	0.000	128249.040

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

0

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

0

Attachments

1 *Investor wise details (excel file)

NLL IEPF2 Validated file new.xlsm

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* 162.08.04 dated (DD/MM/YYYY)*

01/04/2025

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)

Company Secretary

*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

7*2*5

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)

AB8132601

eForm filing date (DD/MM/YYYY)

10/10/2025

**MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7**

SRN: AB8132601/ BharatKoshOrderId :1-21577122063
SRN Date: 10/10/2025 16:01:24

Service Request Date:
10/10/2025

RECEIVED FROM:

Name: L24232PB1995PLC016664 L24232PB1995PLC016664
Address: null, , PUNJAB, PUNJAB, Punjab, 000000

ENTITY ON WHOSE BEHALF MONEY IS PAID

LLPIN/CIN/DIN: L24232PB1995PLC016664
Name: NECTAR LIFE SCIENCES LIMITED
Address: VILL SAID PURATEH DERA BASSI DISTT PATIALA, , PUNJAB, , Punjab, 000000

FULL PARTICULARS OF REMITTANCE

Service Type: eFiling

Service Description	Type of Fee	Amount (Rs.)
Fee for IEPF-2	Normal	600
	Additional	0
Total		600

Mode of Payment: Online

Received Payment Rupees: Six Hundred Rupees Only.

Note: The defects or incompleteness in any respect in this application as noticed shall be placed on the Ministry's website(www.mca.gov.in). In case the application is marked as RSUB, please resubmit the application within the due date. Please track the status of your transaction at all times till it is finally disposed off. (please refer Rule 10 of the Companies (Registration offices and Fees) Rules, 2014)