

FORM NO. DPT-4



Statement regarding deposits existing on the commencement of the Act

[Pursuant to rule 20 of the Companies
(Acceptance of Deposits) Rules, 2014]

Form language English Hindi

Refer the instruction kit for filing the form.

1. Particulars of the company

(a) *Corporate Identity Number (CIN)

(b) Global Location Number (GLN)

2.(a) Name of the company

(b) Registered office address

(c) email Id

3. Whether the company is Public Company Private Company

4.* Whether the company is a government company Yes No

5.* Total deposits outstanding as on the commencement of this Act

(a) Amount (In Rs.)

(b) Number of depositors

6.* Details of total deposits mentioned at 5 above under following heads

| Particulars | Amount (in Rs) |
|--------------------------------------|----------------------|
| Deposits due but not paid | <input type="text"/> |
| Interest due thereon but not paid | <input type="text"/> |
| Deposits due but not claimed | <input type="text"/> |
| Interest due thereon but not claimed | <input type="text"/> |
| Deposits not yet due for repayment | <input type="text"/> |

7. Deposits due for repayment in next three months

8. Arrangements made for repayment of deposits due for repayment

Attachments

- 1.* Auditor's certificate;
- 2.* List of depositors;
- 3. Optional attachment, if any.

List of Attachments

Declaration

I am authorized by the Board of Directors of the Company vide resolution number * dated * to sign this form and 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

*DIN of the director; or DIN or PAN of the manager

or CEO or CFO; or Membership number of the company secretary

Note: Attention is also drawn to the provisions of section 448 and 449 which provide for punishment for false statement and false evidence.

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing

(DD/MM/YYYY)