## FORM NO. DPT-3

[Pursuant to rule 16 of the Companies (Acceptance of Deposits) Rules, 2014]



Return of deposits

सत्यमेव जयते								
Form Language   English Hindi								
Refer the instruction kit for filing the form.								
. (a)*Corporate Identity Number (CIN)								
(b) Global location number (GLN)								
(a) Name of the company								
(b) Registered office address								
(c)*email id								
3. *Purpose of the Form								
Onetime Return for disclosure of details of outstanding money or loan received by a company but not considered as deposits in terms of rule 2(1)(c) of the Companies (Acceptance of Deposits) Rules, 2014								
C Return of Deposit								
Particulars of transactions by a company not considered as deposit as per rule 2 (1) (c) of the Companies (Acceptance of Deposit) Rules, 2014								
Return of Deposit and Particulars of transactions by a company not considered as deposit								
. Whether the company is Public company Private company								
*Whether the company is a government company Yes No								
. Objects of the company								

8. \*Net Worth as per the latest audited balance sheet preceding the date of the return-

	S.No.	Particulars	Amount (in Rupees)	
	(a) (i)	Paid up share capital	0	
	(ii)	Free reserves		
	(iii)	Securities Premium Account		
	(b) (i)	Accumulated Loss		
	(ii)	Balance of deferred revenue expenditure		
	(iii)	Accumulated unprovided depreciation		
	(iv)	Miscellaneous expense and preliminary expenses		
	(v)	Other intangible assests		
	(c)	Net worth (a) - (b)		
9.	(a) * Tota	I number of deposit holders as on 1st April		
	(b) * Tota	al number of deposit holders at the end of financial year		
10 <u>*</u> F	Particulars	of deposits (In Rupees)		
	(a) Amou	nt of existing deposits as on 1st April		
	(b) Amou	nt of deposits renewed during the year		
	(c) Amou	int of deposits accepted during the year		
		(i) Secured deposits		
		(ii) Unsecured deposits		
	(d) Amou	nt of deposits repaid during the year		
	(e) Baland	ee of deposits outstanding at the end of the year		
11.	(a) <sup>*</sup> Amoun	t of deposits that have matured but not claimed		
		t of deposits that have matured and claimed but not paid		
(	p) Amoun	t of deposits that have matured and claimed but not paid		
12.	*Particular	s of liquid assets		
(	a) Amour	nt of deposits maturing on or before 31st March next year		
		and following next year		
(b) Amount required to be invested in liquid assests				

(c) Details of liquid assets

	Particulars	Amount			
	(a) Amount in current or other deposits account, free from ch				
	with any sheduled bank				
	(b) Unencumbered securities of Central/State Government Face value				
		Market value			
	(c) Unencumbered trust securities	Face value			
		Market value			
13. F	Particulars of charge	,			
(a	a) Date of entering into trust deed				
(k	Name of the trustee				
(0	c) Short particulars of the property on which change is created	for securing depositors	S		
(0	d) Value of the property				
16. C	Credit Rating obtained:				
(a) From (Name of the agency)					
(b) Rating					
	(c) Date				
Att	achments		List of attachments		
1.	Auditor's certificate	Attach			
6. Optional attachment,if any.		Attach			
			Remove attachment		
			rtomovo attaorimont		

Declaration

I am authorized by the Board of Directors of	the Company vide r	resolution number *		date						
dated * to sign this form a	nd declare that all th	ne requirements of	Companies Act, 201	3 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 supressed.										
*To be digitally signed by										
*Designation										
*Director identification number 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 provisions of Section 448 and 449 which provide for punishment for false										
statement and false evidence.										
Modify Check Fo	orm	Prescrutiny	S	ubmit						
For office use only:										
eForm Service Request number		eForm Filing Date		(DD/MM/YYYY)						
This e-Form is hereby registered										
Digital signature of the authorizing officer		Confirm submissio	n							
Date of signing		(DD/MM/YYYY)								