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]

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Form language   ◉ English   ○ Hindi

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

| L35100MH1982PLC264042 |

(b) *Name of the company/bank

| WARDWIZARD INNOVATIONS & MOBILITY LIMITED |

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

| Office No. 4604, 46th Floor, Kohinoor Square, Kelkar Marg, Shivaji Park,Dadar (West), Nr. R.G Gadkari chock, Mumbai,Shivaji Park (Mumbai),Mumbai,Maharashtra,India,400028 |

(d) *Email ID of the company/bank

| *****iance@wardwizard.in |

(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

*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)   31/03/2024

 (b) *Date of annual general meeting (AGM) or Due date whichever   30/09/2024
     is earlier (DD/MM/YYYY)

6 *Whether registered with Reserve Bank of India (RBI)   ◯ Yes   ⦿ No

7   Number of small shareholders/depositors of the company   148978

8   Number of shares in the unclaimed suspense/demat suspense account   0
     of the company

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	0	0	0	0	67945.40	112454.28	137303.50	317703.180
(a)	No. of Underlying Shares for the Amount in the unpaid dividend accounts of the company/bank	0	0	0	0	1359088	1525143	1374065	4258296.000
(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 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	0.000	0.000	0.000	0.000	67945.400	112454.280	137303.500	317703.180

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)   1V3_IEPF-2_v2.6 (1).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* 8   dated (DD/MM/YYYY)*

18/04/2024   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*)

Director

*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

0*2*1*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)

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eForm filing date (DD/MM/YYYY)

28/12/2024