

REFUND FORM

Application for requesting refund of fees paid

Note - All fields marked in * are to be mandatorily filled.

- 1.(a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company or Form 1A reference number (Service request number (SRN) of Form 1A)
- (b) Global location number (GLN) of company

2.(a) Name of the company

(b) Address of the registered office or of the principal place of business in India of the company

3. Name of the applicant (in case of under liquidation company or in case company has not been incorporated or where the service for which refund is sought does not belong to any company)

4. *Mode of payment of refund ☐ Cheque ☐ Direct deposit into your bank account

5. Payee details for the refund cheque

- (a) Name of payee
- (b) *Address Line I
Line II
- (c) *City
- (d) *State
- (e) Country
- (f) *Pin code
- (g) *e-mail ID

6. *Bank account number

7. In case of direct deposit into your bank account, provide following details corresponding to above account number

- (a) Bank name
- (b) Bank branch
- (c) Type of account ☐ Savings ☐ Current
- (d) MICR code

8. *Reason for refund

- ☐ Multiple filing of eForm 1
- ☐ Multiple filing of eForm 5
- ☐ Incorrect payment (eForm fee or Stamp fee paid through Pay Miscellaneous fee)
- ☐ Excess payment
- ☐ Incorrect payment via NeFT

9. In case of Incorrect Payment via NeFT, provide the following details

- (a) Reason for NeFT refund
- (b) Unique Transaction Number (UTN)
- (c) User Account Number
- (d) Amount paid (in Rs)

In case of mismatch in amount paid and original SRN(s) amount or payment made without generating any SRN, provide following details (Refer instruction kit)

- (e) SRN of Pay Miscellaneous Fee
- (f) Number of Original SRN(s) (in case of mismatch in amount paid and original SRN(s) amount)
- SRN SRN SRN

10.(a) *Service request number (SRN) of the transaction for which request for refund is being made

- (b) Service description
- (c) Date of filing (SRN) (DD/MM/YYYY) (d) Mode of payment
- (e) Date of deposit of payment at bank (DD/MM/YYYY) (f) Total amount of fees (in Rs.)
- (g) Status of SRN
- (h) Date of above status (DD/MM/YYYY)
- (i) In case of excess payment, total amount of refund sought (in Rs.)
- (j) Amount (in words)

Note: In all cases, amount eligible for refund shall be decided while processing the request. Please refer instruction kit for details.

11.(a) SRN of the other transaction, if applicable

- (b) Service description
- (c) Date of filing (SRN) (DD/MM/YYYY) (d) Mode of payment
- (e) Date of deposit of payment at bank (DD/MM/YYYY) (f) Total amount of fees (in Rs.)
- (g) Status of SRN
- (h) Date of above status (DD/MM/YYYY)

12. *Details of application

Attachments

1. Copy of challan duly acknowledged by bank in respect of SRN for which refund is sought
2. Copy of challan duly acknowledged by bank in respect of other SRN, if applicable
3. Optional attachment(s) - if any

List of attachments

Verification

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete. I hereby confirm that the refund is not being wrongly claimed and undertake to return the amount to Government of India, in case found wrongly claimed or paid.

- ☐ I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this application.
- ☐ I am duly authorised to sign and submit this application.
- ☐ I am a promoter (proposed first subscriber to the MoA) and I am also authorised by the other proposed first subscribers to sign and submit this application.

To be digitally signed by

Applicant or Managing Director or director or manager or secretary of the company (in case of an Indian company) or authorised representative (in case of a foreign company) or liquidator (in case of under liquidation company)

*Designation

DIN or Income-tax PAN or passport number of the applicant; or
DIN of the director or Managing Director; or
Income-tax PAN of the manager or authorised representative or liquidator; or
Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)