

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

L72200MH1995PLC091408

(b) *Name of the company/bank

QUICK HEAL TECHNOLOGIES LIMITED

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

Solitaire Business Hub, 7010 C& D, 7th Floor,,Opposite NECO Garden Society, Vimannagar, Pune,Viman nagar,Pune,Maharashtra,India,411 014

(d) *Email ID of the company/bank

*****ickheal.co.in

Yes No

(e) *Whether a person is already an existing nodal officer in any holding/subsidiary company

(f) If Yes, CIN of the holding/Subsidiary company

3 Details of Nodal Officer

(a) *Name of the Nodal Officer

(b) *First Name	<input type="text"/>
(c) Middle Name	<input type="text"/>
(d) *Last Name	<input type="text"/>
(e) *Father's First Name	<input type="text"/>
(f) Father's Middle Name	<input type="text"/>
(g) *Father's Last Name	<input type="text"/>
(h) *Date of Birth (DD/MM/YYYY)	<input type="text"/>
(i) *PAN	<input type="text"/>
(j) *Designation	<input type="text"/>
(k) *Gender	<input type="text"/>
(l) Official Postal address	
*Address Line 1	<input type="text"/>
*Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin Code/Zip code	<input type="text"/>
*Area/Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
(m) *Phone (With STD/ISD code)	<input type="text"/>
(n) *Mobile Number	<input type="text"/>
(o) *Email id	<input type="text"/>
(p) *Date of Board Resolution (DD/MM/YYYY)	<input type="text"/>

Deputy nodal officer details

4 *Number of Deputy Nodal Officers to be added

(a) *Name of the Deputy Nodal Officer to be added	<input type="text"/>
(a)(i) *Number of Deputy Nodal Officers for which details need to be updated	<input type="text"/>
(a)(ii)*Name of the Deputy Nodal Officer whose details needs to be updated	<input type="text"/>
(a)(iii)*Number of Deputy Nodal Officers is to be ceased	<input type="text"/>
(a)(iv)* Name of the Deputy Nodal Officer is to be ceased	<input type="text"/>
(b) *First Name	<input type="text"/>
(c) Middle Name	<input type="text"/>
(d) *Last Name	<input type="text"/>
(e) *Father's First Name	<input type="text"/>
(f) Father's Middle Name	<input type="text"/>
(g) *Father's Last Name	<input type="text"/>
(h) *Date of Birth (DD/MMYYYY)	<input type="text"/>
(i) *PAN	<input type="text"/>
(j) *Designation	<input type="text"/>
(k) *Gender <i>(Male/Female/Transgender)</i>	<input type="text"/>
(l) Official Postal address	<input type="text"/>
*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin Code/Zip code	<input type="text"/>
*Area/Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
(m) *Phone (With STD/ISD code)	<input type="text"/>

(n) *Mobile Number

1. **What is the primary purpose of the study?**

(o) *Email id

1. **What is the primary purpose of the study?**

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

1. **What is the primary purpose of the study?**

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)

25/09/2025

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

Yes No

7 Number of small shareholders/depositors of the company

49893

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

0

9 Details of unclaimed and unpaid amounts for previous seven years including current year

(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	125730.00	119654.050	564585.000	182984.000	209069.000	103069.000	76527.000	1381618.050

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)

MCA_V3_IEPF-2_v2.7.xls

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* 19 dated (DD/MM/YYYY)*

26/10/2023 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*3*7*9*

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)

AB9540555

eForm filing date (DD/MM/YYYY)

03/12/2025