[FORM-I]

Withdrawal from Corporate Voluntary Liquidation Account

[Under Regulation 39(7) of the Insolvency and Bankruptcy Board of India (Voluntary Liquidation Process) Regulations, 2017]

	Liquidation Process) Regulations, 2017]	
Sl. No.	Descripti	Particulars
(1)	(2)	(3)
1	Name of the Corporate Person	UNIT TRUST OF INDIA
	<u>^</u>	INVESTMENT
		ADVISORY SERVICES
		LIMITED
2	Identification Number of Corporate Person (CIN/LLPIN)	U65993MH1988GOI0477
	dentification realiser of corporate reison (CITY EET ITY)	56
3	Voluntary Liquidation Commencement Date	16 th December,2021
4	Date of Dissolution Order	Dissolution Application is
		filed before Hon'ble
		NCLT, Mumbai Bench.
5	Date of Deposit into the Corporate Voluntary Liquidation	11 th March,2023
	Account	i i iviaicii,2025
6	Name of the Stakeholder seeking withdrawal	
	Identification Number of the Stakeholder	
7	a. PAN	
	b. CIN/LLPIN/DIN	
	c. Aadhaar No.	
8	Address and Email Address of Stakeholder	
9	Amount of Claim of the Stakeholder, admitted by the Liquidator	
10		Rs. 40344.63/-
	deposited by the Liquidator in the Corporate Voluntary	(For 100 Shares Only)
	Liquidation Account against thestakeholder	
		Rs. 80689.10/-
		(For 200 Shares Only)
		D = 201722 00/
		Rs. 201723.00/-
1.1	A	(For 500 Shares Only)
11	Amount of unclaimed dividends / undistributed proceeds the	Same Amount as per Column No. 10
	Stakeholder seeks to withdraw from the Corporate Voluntary Liquidation Account	Column No. 10
12	Bank Account to which the amount is to be transferred from the	
12	Corporate Voluntary Liquidation Account, if withdrawal is	
	approved	
	(a) Account No.:	
	(a) Necount 10 (b) Name of Bank:	
	(c) IFSC:	
	(d) MICR:	
	(e) Address of Branch of the Bank:	
13	Reasons for not taking dividend or proceeds during the	
	Voluntary Liquidation Process	
14	Any legal disability in applying for withdrawal? (Yes / No), If	
	yes, please provide details	

DECLARATION

- I, [Name of stakeholder], currently residing at [insert address], hereby declare and state as follows:
 - 1. I am entitled to receive a sum of Rs.... (Rupees ... only) from the Corporate Voluntary Liquidation Account, as presented above.

 - 3. I undertake to refund the entire amount with interest as decided by the Board, in case the Board finds that I am not entitled to this amount.
 - 4. I authorise the Board to initiate appropriate legal action against me if my claim is found false at any time.

Date:	
Place:	
	(Signature of the Stakeholder)

VERIFICATION

I, [Name] the stakeholder hereinabove, do hereby verify that the contents of this Form are true and correct to my knowledge and belief and no material fact has been concealed therefrom.

Verified at ... on this day of 20...

(Signature of the Stakeholder)

[Note: In the case of a company or limited liability partnership, the declaration and verification shall be made by the director/manager/secretary/ designated partner and in the case of other entities, an officer authorized for the purpose by the entity]]