

# FORM NO. DPT- 3

Return of deposits

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



Form language  English  Hindi

Refer the instruction kit for filing the form.

1. (a) \* Corporate Identity Number (CIN)

Pre-fill

(b) Global Location Number (GLN)

2. (a) Name of the company

(b) Registered office address

(c) \* email Id

3. Whether the company is  Public Company  Private Company

4. \* Whether the company is a government company  Yes  No

5. Objects of the company

6. (a) Date of issue of advertisement or circular

(b) \* Date of last closing of accounts

(c) Date of expiry of validity of advertisement or circular

7. \* 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	<input type="text"/>
(ii)	Free reserves	<input type="text"/>
(b) (i)	Accumulated loss	<input type="text"/>
(ii)	Balance of deferred revenue expenditure	<input type="text"/>
(iii)	Accumulated un provided depreciation	<input type="text"/>
(iv)	Miscellaneous expense and preliminary expenses	<input type="text"/>
(v)	Other intangible assets	<input type="text"/>

(c)	Net worth (a) - (b)	<input type="text"/>
(d)	Maximum limit of deposits (i.e. 35% of the above in case of Government Company or 25% in case of others)	<input type="text"/>

8. \* Particulars of deposits (In Rupees)

(a) Amount of existing deposits as at 1st April	<input type="text"/>
(b) Amount of deposits renewed during the year	<input type="text"/>
(c) Amount of new deposits accepted during the year	
(i) Secured deposits	<input type="text"/>
(ii) Unsecured deposits	<input type="text"/>
(d) Amount of deposits repaid during the year	<input type="text"/>
(e) Balance of deposits outstanding at the end of the year	<input type="text"/>

9. (a) \* Amount of deposits that have matured but not claimed

(b) \* Amount of deposits that have matured and claimed but not paid

10. \* Particulars of liquid assets

(a) Amount of deposits maturing before 31st March next year	<input type="text"/>
and following next year	<input type="text"/>
(b) Amount required to be invested in liquid assets	<input type="text"/>

(c) Details of liquid assets

Particulars		Amount
(a) Amount in current or other deposits account, free from charge or lien, with any scheduled bank		<input type="text"/>
(b) Unencumbered securities of Central/State Government	Face value	<input type="text"/>
	Market value	<input type="text"/>
(c) Unencumbered trust securities	Face value	<input type="text"/>
	Market value	<input type="text"/>

11. Particulars of deposit insurance

(a) Name of the insurer	<input type="text"/>
(b) Date of entering into deposit insurance contract	<input type="text"/>
(c) Premium payable	<input type="text"/>
(d) Premium paid up to	<input type="text"/>
(e) Maximum ceiling limit for every depositor	<input type="text"/>

12. Particulars of charge

(a) Date of entering into trust deed	<input type="text"/>
(b) Name of the trustee	<input type="text"/>

(c) Short particulars of the property on which charge is created for securing depositors

(d) Value of the property

**Attachments**

- 1. Auditor's certificate;
- 5. List of depositors;
- 6. Details of liquid assets;
- 7. Optional attachment,if any.

**List of Attachments**

**Declaration**

I am authorized by the Board of Directors of the Company vide resolution number \*  dated \*  to sign this form and 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

\* DIN 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 the provisions of Section 448 and 449 which provide for punishment for false statement and false evidence.**

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

**Digital signature of the authorising officer**

Date of signing

(DD/MM/YYYY)