

FORM-ECL-5

[See regulation 5]

Application for Refund of Deposit under Electronic Cash Ledger

| | | |
|----|---|-------------------------------|
| 1. | Entity Type/ Code | |
| 2. | Legal Name | |
| 3. | Trade Name, if any | |
| 4. | Address | |
| 5. | Amount of Refund Claimed(Rs.) | |
| 6. | Grounds of Refund Claim (select from drop down) | (a) End of the Financial Year |
| | | (b) Close of the Business |
| | | (c) Others, Pls Specify : |

DECLARATION

I hereby declare that the all information provided above are correct and I also declare that I have not utilized this amount by any other means. I undertake to return this amount in case it is found otherwise.

Signature

Name

Designation / Status