FORM E

PROOF OF CLAIM SUBMITTED BY AUTHORISED REPRESENTATIVE OF WORKMEN AND EMPLOYEES

(Under Regulation 9 of the Insolvency and Bankruptcy (Insolvency Resolution Process for Corporate Persons) Regulations, 2016)

т	Date
[Name	terim Resolution Professional / Resolution Professional, of the Insolvency Resolution Professional / Resolution Professional] ass as set out in public announcement]
From [<i>Name</i>	and address of the duly authorised representative of the workmen / employees]
Subje	et: Submission of proofs of claim.
Madaı	n/Sir,
[<i>addre</i> and er	ne of authorised representative of the workmen / employees], currently residing a ss of authorised representative of the workmen / employees], on behalf of the workmen apployees employed by the above named corporate debtor and listed in Annexure A ally affirm and say:
1.	That the above named corporate debtor was, at the insolvency commencement date being the day of 20, justly truly indebted to the several person whose names, addresses, and descriptions appear in the Annexure A below in amount severally set against their names in such Annexure A for wages, remuneration and othe amounts due to them respectively as workmen or/ and employees in the employment of the corporate debtor in respect of services rendered by them respectively to the corporate debtor during such periods as are set out against their respective names in the said Annexure A.
2.	That for which said sums or any part thereof, they have not, nor has any of them, had or received any manner of satisfaction or security whatsoever, save and except the following:
	[Please state details of any mutual credit, mutual debts, or other mutual dealing between the corporate debtor and the creditor which may be set-off against the claim.
	Deponen

ANNEXURE

1. Details of Employees/ Workmen

S No.	NAME OF	IDENTIFICATION	TOTAL	AMOUNT	DUE	PERIOD	OVER
	EMPLOYEE/	NUMBER (PAN	(Rs.)			WHICH	AMOUNT
	WorkmAn	NUMBER, PASSPORT OR				DUE	
		AADHAAR CARD)					
1.							
2.							
3.							
4.							

- 2. Particulars of how debt was incurred by the corporate debtor, including particulars of any dispute as well as the record of pendency of suit or arbitration proceedings (if any).
- 3. Particulars of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the creditor which may be set-off against the claim.

ATTACHMENTS:

Documents relied as evidence as proof of debt and as proofs of non-payment of debt.

DECLARATION

- I, [Name of claimant], currently residing at [insert address], do hereby declare and state as follows: -

 - 2. In respect of my claim of the said sum or any part thereof, I have relied on the documents specified below: [Please list the documents relied on as evidence of claim].
 - 3. The said documents are true, valid and genuine to the best of my knowledge, information and belief and no material facts have been concealed therefrom.
 - 4. In respect of the said sum or any part thereof, neither I, nor any person, by my order, to my knowledge or belief, for my use, had or received any manner of satisfaction or security whatsoever, save and except the following:
 - [Please state details of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the creditor which may be set-off against the claim].

Date:	
Place:	
	(Signature of the claimant)
VERIFICATION	
I, [Name] the claimant hereinabove, do hereby verify that the c	*

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

 $\label{eq:continuous} Verified at \dots on this \dots day of \dots 20\dots \\ \mbox{(Signature of the claimant)}$