**FORM E**

**PROOF OF CLAIM BY AUTHORISED REPRESENTATIVE OF WORKMEN**
**OR EMPLOYEES**

(*Under Regulation 18(2) of the Insolvency and Bankruptcy Board of India (Voluntary*
*Liquidation Process) Regulations, 2017)*

[*Date*]

To

The Liquidator

[*Name of the Liquidator*]

[*Address as set out in the public announcement*]

From

[*Name and address of the authorised representative of workmen/ employees*]

**Subject**: Submission of proof of claim in respect of the voluntary liquidation of [*name of corporate person*] under the Insolvency and Bankruptcy Code, 2016.

Madam/Sir,

I, [*name of duly authorised representative of*  *the workmen/*  *employees*] currently residing at [*address of duly authorised representative of the workmen/* employees], on

behalf of the workmen and employees employed by the above named corporate person, solemnly affirm and say:

1. That the abovenamed corporate person was, on the voluntary liquidation
commencement date, that is, the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_ 20 \_\_\_ and still is, justly
truly indebted to the several persons whose names, addresses, and descriptions
appear in the Annexure below for amounts severally set against their names in such
Annexure for wages, remuneration and other amounts due to them respectively as
workmen or/ and employees in the employ of the corporate person in respect of
services rendered by them respectively to the corporate person during such periods
as are set out against their respective names in the said Annexure.

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 credits, mutual debts, or other mutual dealings*
*between the corporate person and the workmen / employees which may be set-off*
*against the claim*.]

Signature :

**ANNEXURE**

1. Particulars of how dues were incurred by the corporate person, including
particulars of any dispute as well as the record of pendency of suit or arbitration
proceedings.

2. Particulars of any mutual credit, mutual debts, or other mutual dealings between
the corporate person and the workmen / employee which may be set-off against
the claim.

3. Please list out and attach the documents relied on to prove the claim.

1. Details of Employees/ Workmen

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | S  |   |  | NAME OF  |   |  | IDENTIFICATION  |       |  | TOTAL  |     |  | PERIOD  |  |  | DETAILS OF  |     |
| NO.  | EMPLOYEE/  | NUMBER  | AMOUNT DUE  | OVER  | EVIDENCE OF  |
|  | WORKMEN  | (PAN/,  | AND DETAILS  | WHICH  | DEBT  |
|  |   | PASSPORT  | ON NATURE OF  | AMOUNT  | INCLUDING  |
|  | NUMBER/,  | CLAIM  | DUE  | EMPLOYMENT  |
|  | AADHAAR NO. /  |  |  | CONTRACTS  |
| ID CARD ISSUED  |  |  | AND OTHER  |
| BY THE  |  | PROOFS  |
| ELECTION  |  |
| COMMISSION  |  |
| AND EMPLOYEE  |  |
| NO.,IF ANY  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.  |   |   |   |   |  |
| 2.  |   |   |   |   |  |
| 3.  |   |   |   |   |  |
|  4. |   |   |   |   |  |

**AFFIDAVIT**

I, [*insert full name, address and occupation of deponent*] do solemnly affirm
and state as follows:

1. The above named corporate person was, at the liquidation commencement date that is, the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 20\_\_ and still is, justly and truly indebted to the workmen and employees for a sum of Rs. \_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_ [*please state the nature and duration of employment*].

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 proof*]

3. The said documents are true, valid and genuine to the best of my knowledge, information and belief.

4. In respect of the said sum or any part thereof, the workmen / employees have not, nor has any person, by my order, to my knowledge or belief, for my use, had or has 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 person and the workmen / employees which may be set-off against the claim*.]

Solemnly, affirmed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day, the \_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_

Before me,

Notary / Oath Commissioner.

Deponent's signature

**VERIFICATION**

I, the Deponent hereinabove, do hereby verify and affirm that the contents of para \_\_\_ to \_\_of this affidavit are true and correct to my knowledge and belief. Nothing is false and nothing material has been concealed therefrom.

Verified at \_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_ 201\_\_\_

Deponent's signature