**FORM F**

**PROOF OF CLAIM BY ANY OTHER STAKEHOLDER**

(*Under Regulation 19of 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 other stakeholder*]

**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,

[*Name of*  *the stakeholder*] hereby submits this proof of claim in respect of the liquidation in the case of [*name of corporate person*]. The details for the same are set out below:

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| --- | --- | --- |
| 1. | NAME OF STAKE-HOLDER  (IF AN INCORPORATED BODY PROVIDE IDENTIFICATION NUMBER AND PROOF OF INCORPORATION. IF A PARTNERSHIP OR INDIVIDUAL PROVIDE IDENTIFICATION RECORDS\* OF ALL THE PARTNERS OR THE INDIVIDUAL)  2. ADDRESS AND EMAIL OF THE STAKEHOLDER  FOR CORRESPONDENCE. |  |
|  |  |  |
| 3. | TOTAL AMOUNT OF CLAIM, INCLUDING ANY  INTEREST AS AT LIQUIDATION  COMMENCEMENT AND DETAILS OF NATURE OF  CLAIM |  |

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| --- | --- | --- |
|  |  |  |
| 4. | DETAILS OF HOW AND WHEN CLAIM AROSE |  |
| 5. | DETAILS OF ANY MUTUAL CREDIT, MUTUAL  DEBTS, OR OTHER MUTUAL DEALINGS  BETWEEN THE CORPORATE PERSON AND THE  OTHER STAKEHOLDER WHICH MAY BE SET-OFF  AGAINST THE CLAIM |  |
| 6. | DETAILS OF ANY RETENTION OF TITLE IN  RESPECT OF GOODS OR PROPERTIES TO WHICH  THE CLAIM REFERS |  |
| 7. | DETAILS OF ANY ASSIGNMENT OR TRANSFER  OF DEBT IN HIS FAVOUR |  |
| 8. | DETAILS OF THE BANK ACCOUNT TO WHICH  THE OTHER STAKEHOLDER’S SHARE OF THE  PROCEEDS OF LIQUIDATION CAN BE  TRANSFERRED |  |
| 9. | LIST OUT AND ATTACH THE DOCUMENTS BY  REFERENCE TO WHICH THE CLAIM CAN BE  SUBSTANTIATED OR WHICH CAN BE RELIED  UPON IN SUPPORT OF THE CLAIM.  (i)  (ii)  (iii) |  |

|  |
| --- |
| Signature of stakeholder or person authorised to act on his behalf  (Please enclose the authority if this is being submitted on behalf of the other stakeholder) |
| Name in BLOCK LETTERS |
| Position with or in relation to creditor |
| Address of person signing |

**\***PAN, Passport, AADHAAR Card or the identity card issued by the Election Commission of India.

**AFFIDAVIT**

I, [*insert*  *full name, address and occupation of deponent*  *to be given*] 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 me [or to me and [*insert name of co-partner*], my co-partners in trade, or, as the case may be,] for a sum of Rs. \_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_ [*please state consideration*].

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, I have not, nor have my partners or any of them, nor has any person, by my/our order, to my/our knowledge or belief, for my/ our 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 person and the other stakeholder 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 \_\_\_\_\_\_ 20\_\_

Deponent's signature**.**

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