**SCHEDULE II**

**FORM G**

**PROOF OF CLAIM BY ANY OTHER STAKEHOLDER**

(*Under Regulation 20 of the Insolvency and Bankruptcy Board of India (Liquidation Process) Regulations, 2016*)

[*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 liquidation of [*name of corporate debtor*] under the

Insolvency and Bankruptcy Code, 2016.

Madam/Sir,

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

|  |  |  |
| --- | --- | --- |
| 1. | NAME OF OTHER STAKEHOLDER(IF AN INCORPORATED BODY PROVIDEIDENTIFICATION NUMBER AND PROOF OFINCORPORATION. IF A PARTNERSHIP ORINDIVIDUAL PROVIDE IDENTIFICATIONRECORDS\* OF ALL THE PARTNERS OR THEINDIVIDUAL) |  |
| 2. | ADDRESS AND EMAIL OF THE OTHERSTAKEHOLDER FOR CORRESPONDENCE |  |
| 3.  | TOTAL AMOUNT OF CLAIM, INCLUDINGANY INTEREST AS AT LIQUIDATIONCOMMENCEMENT AND DETAILS OFNATURE OF CLAIM | PRINCIPAL:CLAIM:INTEREST:TOTAL CLAIM: |
| 4. | DETAILS OF DOCUMENTS BY REFERENCETO WHICH THE CLAIM CAN BESUBSTANTIATED |  |
| 5. | DETAILS OF HOW AND WHEN CLAIMAROSE |  |
| 6. | DETAILS OF ANY MUTUAL CREDIT,MUTUAL DEBTS, OR OTHER MUTUALDEALINGS BETWEEN THE CORPORATEDEBTOR AND THE OTHER STAKEHOLDERWHICH MAY BE SET-OFF AGAINST THECLAIM |  |
| 7. | DETAILS OF ANY RETENTION OF TITLE INRESPECT OF GOODS OR PROPERTIES TOWHICH THE CLAIM REFERS |  |
| 8. | DETAILS OF ANY ASSIGNMENT ORTRANSFER OF DEBT IN HIS FAVOUR |  |
| 9. | DETAILS OF THE BANK ACCOUNT TOWHICH THE OTHER STAKEHOLDER’SSHARE OF THE PROCEEDS OF LIQUIDATIONCAN BE TRANSFERRED |  |
| 10. | LIST OUT AND ATTACH THE DOCUMENTSRELIED ON IN SUPPORT OF THE CLAIM. | (i)(ii)(iii) |

|  |
| --- |
| Signature of other 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 debtor 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 copartner*], my co-partners in trade, or, as the case may be,] in the 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*.]

1. The said documents are true, valid and genuine to the best of my knowledge, information and belief.
2. 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 debtor 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 \_\_\_\_\_\_ 201\_\_

Deponent's signature**.**