FORM CA SUBMISSION OF CLAIM BY FINANCIAL CREDITORS IN A CLASS

(Under Regulation 8Aof the Insolvency and Bankruptcy (Insolvency Resolution Process for Corporate Persons)
Regulations, 2016)

[Date]

From

[Name and address of the financial creditor, including address of its registered office and principal office]

 T_0

The Interim Resolution Professional / Resolution Professional [Name of the Insolvency Resolution Professional / Resolution Professional] [Address as set out in public announcement]

Subject: Submission of claim and proof of claim.

Madam/Sir.

[Name of the financial creditor], hereby submits this claim in respect of the corporate insolvency resolution process of [name of corporate debtor]. The details for the same are set out below:

RELEVANT PARTICULARS			
1.	Name of the financial creditor		
2.	Identification number of the financial creditor		
	(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)		
3.	Address and e-mail address of the financial creditor for correspondence.		
4.	Total amount of claim (in Rs.)		
5.	Details of documents by reference to which the debt can be substantiated		
6.	Details of how and when debt incurred		
7.	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		
8.	Details of any security held, the value of the security, and the date it was		
	given		
9.	Details of the bank account to which the amount of the claim or any part		
	thereof can be transferred pursuant to a resolution plan		
10.	List of documents attached to this claim in order to prove the existence and		
	non-payment of claim due		
11.	Name of the insolvency professional who will act as the Authorised		
	representative of creditors of the class		

Signature of financial creditor or person authorised to act on its behalf [Please enclose the authority if this is being submitted on behalf of the financial creditor]

Name in BLOCK LETTERS

Position with or in relation to creditor

Address of person signing

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.

^{*}PAN number, passport, AADHAAR Card or the identity card issued by the Election Commission of India.

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 debtorand the creditor which may be set-off against the claim].

- 5. I am / I am not a related party of the corporate debtor, as defined under section 5 (24) of the Code.
- 6. I am eligible to give voting instruction to the authorized representative by virtue of proviso to section 21 (2) of the Code even though I am a related party of the corporate debtor.

Date:	
Place.	

(Signature of the claimant)

VERIFICATION

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.

Verified at ... on this day of, 20...

(Signature of claimant)

[Note: In the case of company or limited liability partnership, the declaration and verification shall be made by the director/manager/secretary/designated partner and in the case of other entities, an officer authorized for the purpose by the entity.]