SCHEDULE II FORM E PROOF OF CLAIM BY A WORKMAN OR EMPLOYEE

(Under Regulation 19 of the Insolvency and Bankruptcy (Liquidation Process) Regulations, 2016)

[Date]

To

The Liquidator

[Name of the Liquidator]

[Address as set out in public announcement]

From

[Name and address of the workman / employee]

Subject: Submission of proof of claim in respect of liquidation of (Name of corporate debtor) under the Insolvency and Bankruptcy Code, 2016.

Madam/Sir,

[Name of the workman / employee], hereby submits this proof of claim in respect of the liquidation of [name of corporate debtor]. The details for the same are set out below:

1.	NAME OF WORKMAN / EMPLOYEE	
2.	PAN, PASSPORT, THE IDENTITY CARD	
	ISSUED BY THE ELECTION COMMISSION OF	
	INDIA OR AADHAAR CARD OF WORKMAN /	
	EMPLOYEE	
3.	ADDRESS AND EMAIL ADDRESS (IF ANY) OF	
	WORKMAN / EMPLOYEE FOR	
	CORRESPONDENCE	
	TOTAL AMOUNT OF CLAIM	
4.		
	(INCLUDING ANY INTEREST AS AT THE	
	LIQUIDATION COMMENCEMENT DATE)	
5.	DETAILS OF DOCUMENTS BY REFERENCE TO	
	WHICH THE DEBT CAN BE SUBSTANTIATED.	

RECORD OF PENDENCY OR ORDER OF SUIT OR ARBITRATION PROCEEDINGS	
DETAILS OF HOW AND WHEN CLAIM AROSE	
DETAILS OF ANY MUTUAL CREDIT, MUTUAL DEBTS, OR OTHER MUTUAL DEALINGS BETWEEN THE CORPORATE DEBTOR AND THE WORKMAN / EMPLOYEE WHICH MAY BE SET-OFF AGAINST THE CLAIM	
DETAILS OF THE BANK ACCOUNT TO WHICH THE WORKMAN / EMPLOYEE'S SHARE OF THE PROCEEDS OF LIQUIDATION CAN BE TRANSFERRED	
LIST OUT AND ATTACH THE DOCUMENTS RELIED ON IN SUPPORT OF THE CLAIM.	(i) (ii) (iii)
	OR ARBITRATION PROCEEDINGS DETAILS OF HOW AND WHEN CLAIM AROSE DETAILS OF ANY MUTUAL CREDIT, MUTUAL DEBTS, OR OTHER MUTUAL DEALINGS BETWEEN THE CORPORATE DEBTOR AND THE WORKMAN / EMPLOYEE WHICH MAY BE SET-OFF AGAINST THE CLAIM DETAILS OF THE BANK ACCOUNT TO WHICH THE WORKMAN / EMPLOYEE'S SHARE OF THE PROCEEDS OF LIQUIDATION CAN BE TRANSFERRED LIST OUT AND ATTACH THE DOCUMENTS

Signature of workman / employee or person authorised to act on his behalf [Please enclose the authority if this is being submitted on behalf of an operational creditor]
Name in BLOCK LETTERS
Position with or in relation to creditor
Address of person signing

AFFIDAVIT

I, [name of deponent], currently	y residing at	t [<i>insert d</i>	address],	do so	lemnly
affirm and state as follows:					

- 1. [Name of corporate debtor], the corporate debtor was, at the liquidation commencement date, that is, the_day of 20, justly and truly indebted to me in the sum of Rs. [insert amount of claim].
- 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.
- 4. In respect of the said sum or any part thereof, I have not nor has 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:

Solemnly, affirmed at [insert place] on

[Please state details of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the workman / employee which may be set-off against the claim.]

theday of20	
Before me,	
Notary/ Oath Commissioner	
	Deponent's
	signature

VERIFICATION

I, the Deponent paragraph	hereinabove, d	o hereby veri	fy and affii	rm that the co	ontents of
toof this affida material facts h		•	C	ge and belief	and no
Verified at	on this	day of	201		

Deponent's signature.