## FORM F

# PROOF OF CLAIM BY CREDITORS (OTHER THAN FINANCIAL CREDITORS AND OPERATIONAL CREDITORS)

[Under Regulation 9A of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016]

	Date
Γο	
The Interim Resolution Professional / Resolution Professional	
Name of the Insolvency Resolution Professional / Resolution Professional	
Address as set out in public announcement	
<u>,</u>	

## From

[Name and address of the creditor]

**Subject**: Submission of proof of claim.

Madam / Sir,

I, [Name of the creditor], hereby submit the following proof of claim in respect of the corporate insolvency resolution process in the case of [name of corporate debtor]. The details of the same are set out below:

## **PARTICULARS**

1.	Name of the creditor	
2.	Identification number of the creditor	
	(If an incorporated body corporate, provide	
	identification number and proof of	
	incorporation. If a partnership or individual,	
	provide identification record* of all partners or	
	the individuals)	
3.	Address and email address of the creditor for	
	correspondence	
4.	Description of the claim (Including the	
	amount of the claim as at the insolvency	
	commencement date)	
5.	Details of documents by reference to which	
	claim can be substantiated	
6.	Details of how and when the claim arose	
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:	
	a. any security held, the value of security and	
	its date, or	
	b. retention title arrangement in respect of	
	goods or properties to which the claim refers	
9.	Details of 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-				
	satisfaction of claim due to the creditor				
Signature of the creditor or any person authorised to act on his behalf					
(Please enclose the authority if this is being submitted signed on behalf of the creditor)					
Name	in BLOCK LETTERS				
Position with or in relation to the creditor					
Addre	ess of the person signing				
	1 6 6				

## **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.
- 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:

	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 creditor which may be set-off against the claim].
Date:	
Place:	(Signature of the claimant)

<sup>\*</sup> PAN, Passport, AADHAAR or the identity card issued by the Election Commission of India.

## **VERIFICATION**

I, [Name] the	e claima	nt here	inabove, do	here	by ver	ify th	at	the conte	nts o	f thi	s proc	of 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 the claimant)

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