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 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 OTHER	
	STAKEHOLDER FOR CORRESPONDENCE.	
3.	TOTAL AMOUNT OF CLAIM, INCLUDING	Principal :
	ANY INTEREST AS AT LIQUIDATION	CLAIM
	COMMENCEMENT AND DETAILS OF	Interest :
	NATURE OF CLAIM	
		TOTAL CLAIM :

4.	DETAILS OF DOCUMENTS BY REFERENCE					
	TO WHICH THE CLAIM CAN BE					
	SUBSTANTIATED					
5.	DETAILS OF HOW AND WHEN CLAIM					
	AROSE					
6.	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					
7.	DETAILS OF ANY RETENTION OF TITLE IN					
	RESPECT OF GOODS OR PROPERTIES TO					
	WHICH THE CLAIM REFERS					
8.	DETAILS OF ANY ASSIGNMENT OR					
	TRANSFER OF DEBT IN HIS FAVOUR					
9.	DETAILS OF THE BANK ACCOUNT TO					
	WHICH THE OTHER STAKEHOLDER'S					
	SHARE OF THE PROCEEDS OF LIQUIDATION					
	CAN BE TRANSFERRED					
10.	LIST OUT AND ATTACH THE DOCUMENTS	(i)				
	RELIED ON IN SUPPORT OF THE CLAIM.	(ii)				
		(iii)				
	ture of other stakeholder or person authoris					
(Pleas	se enclose the authority if this is being subr	nitted on behalf of the other stakeholder)				
Nama	Name in DI OCK LETTEDS					
Name in BLOCK LETTERS						
Positi	on 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, theday of20 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,] in the sum of Rsfor [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 debtor and the other stakeholder which may be set-off against the claim.]
Solemnly, affirmed at on day, theday of20
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
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Deponent's signature.