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]:
То		
The Liqu	idator	
[Name of	the Liquidator]	
[Address	as set out in the public announcement]	
From		
[Name ar	nd address of the other stakeholder]	
Madam.	this proof of claim in respect of the liquidat	[Name of the other stakeholder] hereby
[Name	of Corporate Debtor]. The details for the sai	me 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 ANY INTEREST AS AT LIQUIDATION COMMENCEMENT AND DETAILS OF NATURE OF CLAIM	PRINCIPAL : : CLAIM
		Interest
		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 RELIED 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,								
[inser	rt full name, address and occupation of deponent to be given] do solemnly affirm and state as ws:							
1.	The above named corporate debtor was, at liquidation commencement date, that is, theday of							
2.	In respect of my claim of the said sum or any part thereof, I have relied on and 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 atonday, theday of20							
	Before me,							
	Notary / Oath Commissioner							

Deponent's signature

VERIFICATION

I, the Deponent hereinabove, do h	nereby verify and a	ffirm that the	contents of	para	to_	o	f this affida	vit
are true and correct to my know	wledge and belief	6. Nothing is	false and	nothing	material	has be	een conceal	led
therefrom. Verified at	on this	lay of	201					
						Depoi	nent's signat	ture