**FORM E**

**PROOF OF CLAIM BY A WORKMAN OR EMPLOYEE**

(*Under Regulation 19 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 workman / employee]*

**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 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 AADHAR CARD OF WORKMAN / EMPLOYEE |  |
| 3. | ADDRESS AND EMAIL ADDRESS (IF ANY) OF WORKMAN / EMPLOYEE FOR CORRESPONDENCE  |  |
| 4. | TOTAL AMOUNT OF CLAIM(INCLUDING ANY INTEREST, AS AT LIQUIDATION COMMENCEMENT DATE) |  |
| 5. | DETAILS OF DOCUMENTS BY REFERENCE TO WHICH THE DEBT CAN BE SUBSTANTIATED |  |
| 6. | DETAILS OF ANY DISPUTE AS WELL AS THE RECORD OF PENDENCY OF SUIT OR ARBITRATION PROCEEDINGS |  |
| 7. | DETAILS OF HOW AND WHEN THE CLAIM AROSE |  |
| 8. | DETAILS OF ANY MUTUAL CREDIT, MUTUAL DEBITS, OR OTHER MUTUAL DEALINGS BETWEEN THE CORPORATE DEBTOR AND THE WORKMAN / EMPLOYEE WHICH MAY BE SET-OFF AGAINST THE CLAIM |  |
| 9. | DETAILS OF THE BANK ACCOUNT TO WHICH THE WORKMAN / EMPLOYEE’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 workman / employee or person authorized to act on his behalf(Please enclose the authority if this is being submitted on behalf of the workman / employee) |
| Name in BLOCK LETTERS |
| Position with or in relation to creditor |
| Address of person signing |

**AFFIDAVIT**

I, *[name of deponent]*, currently residing at *[address of deponent]*, do solemnly affirm and state as follows:

1. *[Name of corporate debtor],* the corporate debtor was, at liquidation commencement date, that is, the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_ 20\_\_\_\_ and still is, 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 and the documents specified below:

*[Please list the documents relied on as evidence of debt.]*

1. The said documents are true, valid and genuine to the best of my knowledge, information and belief.
2. 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 workman / employee which may be set-off against the claim.]*

Solemnly, affirmed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_ day, the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_.

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 \_\_\_\_\_\_ 20\_\_\_\_\_\_.

Deponent’s signature