

**SCHEDULE
II
FORME
PROOFOFCLAIMBYAWORKMANOREMPLOYEE**

*(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 submit 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	
4.	TOTAL AMOUNT OF CLAIM (INCLUDING ANY INTEREST AS AT THE LIQUIDATION COMMENCEMENT DATE)	
5.	DETAILS OF DOCUMENTS BY REFERENCE TO WHICH THE DEBT CAN BE SUBSTANTIATED.	

6.	DETAILS OF ANY DISPUTE AS WELL AS THERECORD OF PENDENCY OR ORDER OF SUITORARBITRATION PROCEEDINGS	
7.	DETAILS OFHOWANDWHENCLAIMAROSE	
8.	DETAILSOFANYMUTUALCREDIT,MUTUALDEBTS,OROTHERMUTUALDEALINGSBETWEEN THECORPORATEDEBTORANDTHEWORKMAN/EMPLOYEEWHICHMAYBE SET-OFFAGAINSTTHECLAIM	
9.	DETAILSOFTHEBANKACCOUNTTOWHICHTHEWORKMAN/EMPLOYEE'S SHAREOF THEPROCEEDSOFLIQUIDATIONCANBE TRANSFERRED	
10.	LISTOUTANDATTACHTHEDOCUMENTSRELIEDON IN SUPPORTOF THECLAIM.	(i) (ii) (iii)

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 persons signing

AFFIDAVIT

I, *[name of deponent]*, currently residing at *[insert address]*, do solemnly 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:

[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 *[insert place]* on _____ day, the
_____ day of ____ 20 _____

Before me,
Notary/Oath Commissioner

Deponent's signature

VERIFICATION

I, the Deponent therein above, do hereby verify and affirm that the contents of paragraph _____ to
of this affidavit are
true and correct to my knowledge and belief and no material facts have been concealed therefrom.

Verified at _____ on this _____ day of _____ 201__

Deponent's signature.