**FORM CA**

**SUBMISSION OF CLAIM BY FINANCIAL CREDITORS IN A CLASS**

(Under Regulation 8A of the Insolvency and Bankruptcy (Insolvency Resolution Process for Corporate Persons)

Regulations, 2016)

From

[Name and address of the financial creditor, including address of its registered office and principal office]

To

The Interim Resolution Professional / Resolution Professional

[Name of the Insolvency Resolution Professional / Resolution Professional] [Address as set out in public announcement]

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

Madam/Sir,

[Name of the financial creditor], hereby submits this claim in respect of the corporate insolvency resolution process of [name of corporate debtor]. The details for the same are set out below:

| **relevant particulars** | | | |
| --- | --- | --- | --- |
|  | Name of financial creditor |  | |
|  | Identification number of financial creditor  (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) |  | |
|  | Address and email address of financial creditor for correspondence |  | |
|  | Total amount of claim  (Including any interest as at the insolvency commencement date) |  | |
|  | Details of documents by reference to which the debt can be substantiated. |  | |
|  | Details of how and when debt incurred |  | |
|  | 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 |  | |
|  | Details of any security held, the value of the security, and the date it was given |  | |
|  | Details of the bank account to which the amount of the claim or any part thereof can be transferred pursuant to a resolution plan |  | |
|  | List of documents attached to this proof of claim in order to prove the existence and non-payment of claim due to the financial creditor |  | |
|  | Name of the insolvency professional who will act as the Authorised  representative of creditors of the class |  | |
| Signature of operational creditor or person authorised to act on his behalf  [*Please enclose the authority if this is being submitted on behalf of an financial creditor*] | | |
| Name in BLOCK LETTERS | | |
| Position with or in relation to creditor | | |
| Address of person signing | | |

\*PAN number, passport, AADHAAR Card or the identity card issued by the Election Commission of India.

DECLARATION

I, [*Name of claimant*], currently residing at [*insert address*], hereby declare and state as follows: -

1. [*Name of corporate debtor*], the corporate debtor was, at the insolvency commencement date, being the…………..day of………………20…., actually 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 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:

[*Please state details of any mutual credit, mutual debts, or other mutual dealings between the corporate debtorand the creditor which may be set-off against the claim*].

Date:

Place:

(Signature of the claimant)

VERIFICATION

I, *[Name]* the claimant hereinabove, do hereby verify that the contents of this proof 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…