FORM B

PROOF OF CLAIM BY OPERATIONAL CREDITORS EXCEPT WORKMEN AND EMPLOYEES

[Under Regulation 7 of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016]

[Date]

To

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

From

[Name and address of the operational creditor]

Subject: Submission of proof of claim.

Madam/Sir,

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

PARTICULARS				
1.	NAME OF OPERATIONAL CREDITOR			
2.	IDENTIFICATION NUMBER OF OPERATIONAL 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)			
3.	ADDRESS AND EMAIL ADDRESS OF OPERATIONAL CREDITOR FOR CORRESPONDENCE			
4.	TOTAL AMOUNT OF CLAIM (INCLUDING ANY INTEREST AS AT THE INSOLVENCY 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 OR ORDER OF SUIT OR ARBITRATION PROCEEDINGS			
7.	DETAILS OF HOW AND WHEN DEBT INCURRED			
8.	DETAILS OF ANY MUTUAL CREDIT, MUTUAL DEBTS, OR OTHER MUTUAL DEALINGS BETWEEN THE CORPORATE			

PART	ICULARS					
	DEBTOR AND THE CREDITOR WHICH MAY BE SET-OFF AGAINST THE CLAIM					
9.	DETAILS OF ANY RETENTION OF TITLE ARRANGEMENT IN RESPECT OF GOODS OR PROPERTIES TO WHICH TH CLAIM REFERS					
10.	DETAILS OF THE BANK ACCOUNT TO WHICH THE AMOUNT OF THE CLAIM OR ANY PART THEREOF CAN B TRANSFERRED PURSUANT TO A RESOLUTION PLAN					
11.	LIST OF DOCUMENTS ATTACHED TO THIS PROOF O CLAIM IN ORDER TO PROVE THE EXISTENCE AND NON PAYMENT OF CLAIM DUE TO THE OPERATIONAL CREDITOR	1-				
Signa	ture of operational creditor or person authorised to act of	on his behalf				
[Pleas	se enclose the authority if this is being submitted on beh	alf of an operatio	onal creditor]			
Name	in BLOCK LETTERS					
Positi	on with or in relation to creditor					
Addre	ess of person signing					
*PAN	number, passport, AADHAAR Card or the identity card	d issued by the El	ection Commissi	on of India		
	Affidavi	IT				
I, [nan	ne of deponent], currently residing at [insert address], or	do solemnly affir	n and state as fol	lows:		
1. [<i>N</i>	lame of corporate debtor], the corporate debtor was day of 20, justly and truly indebted		=	=		
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 ded debtor and the creditor which may be set-off against		ual dealings betv	ween the corporate		
Solem	nly, affirmed at [insert place] on	day, the	day of	20		

Before me,	
Notary / Oath Commissioner	
Dep	ponent's signature
VERIFICATION	
I, the Deponent hereinabove, do hereby verify and affirm that the contents of paragraph to _ are true and correct to my knowledge and belief and no material facts have been concealed therefro	
Verified at on this day of 201	

Deponent's signature