SCHEDULE II
FORM F

PROOF OF CLAIM BY AUTHORISED REPRESENTATIVE OF
WORKMEN OR EMPLOYEES

(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 authorised representative of workmen/ employees*]

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,

I, [*name of duly authorised representative of the workmen/ employees*] currently residing at [address of duly authorised representative of the workmen/ employees], on behalf of the workmen and employees employed by the above named corporate debtor, solemnly affirm and say:

1. That the above named corporate debtor was, on the liquidation commencement date, that is, the ___day of _____ 20___ and still is, justly truly indebted to the several persons whose names, addresses, and descriptions appear in the Annexure below in amounts severally set against their names in such Annexure for wages, remuneration and other amounts due to them respectively as workmen or/and employees in the employ of the corporate debtor in respect of services rendered by them respectively to the corporate debtor during such periods as are set out against their respective names in the said Annexure.

2. That for which said sums or any part thereof, they have not, nor has any of them, had or received any manner of satisfaction or security whatsoever, save and except the following:

   *[Please state details of any mutual credits, mutual debts, or other mutual dealings between the corporate debtor and the workmen / employees which may be set-off against the claim**.]**

 Signature:

1. Details of Employees/ Workmen

S NO.	NAME OF EMPLOYEE/ WORKMEN	IDENTIFICATION NUMBER (PAN/, PASSPORT NUMBER/, AADHAAR NO. / ID CARD ISSUED BY THE ELECTION COMMISSION AND EMPLOYEE ID NO., IF ANY	TOTAL AMOUNT DUE AND DETAILS ON NATURE OF CLAIM	PERIOD OVER WHICH AMOUNT DUE	DETAILS OF EVIDENCE OF DEBT INCLUDING EMPLOYMENT CONTRACTS AND OTHER PROOFS
1					
2					
3					
4					
5					

2. Particulars of how dues were incurred by the corporate debtor, including particulars of any dispute as well as the record of pendency of suit or arbitration proceedings.

3. Particulars of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the workmen / employee which may be set-off against the claim.

4. Please list out and attach the documents relied on to prove the claim.

AFFIDAVIT

I, *[insert full name, address and occupation of deponent]* do solemnly affirm and state as *follows:*

1.   The above named corporate debtor was, at the liquidation commencement date that is, the   day of 20   and still is, justly and truly indebted to the workmen and employees in the sum of Rs.---------for --------- *[please state the* nature and duration of employment],

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 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, the workmen / employees have not, nor has any person, by my order, to my knowledge or belief, for my use, had or has 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 workmen / employees 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_____ 201

Deponent's signature