

Form D – Proof of Claim by Financial Creditors

[Under Regulation 18 of the Insolvency and Bankruptcy Board of India (Liquidation Process) Regulations, 2016]

To,
Ravi Sankar Devarakonda,
Liquidator,
RTIL Limited,
Thandya Industrial Estate, Thandavapura Village,
Nanjangud, Mysore District, Karnataka - 571302

Subject : Submission of Proof of Claim in respect of the liquidation of RTIL Limited under the Insolvency & Bankruptcy Code, 2016.

Madam/Sir,

I/We hereby submit this proof of claim in respect of the liquidation of RTIL Limited. The Details of the same are set out below:

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) *

*pan number, passport, aadhaar card or the identity card issued by the election commission of india

Address for Correspondence *

Street Address

City

State/Region/Province

Postal / Zip Code

Country

Email Address of the Financial Creditor *

Phone Number *

Claim Amount (Excluding Interest) *

INR

Please enter amount in INR based on the prevalent exchange rate as on Liquidation Commencement Date 05-Feb-2019

Interest Claimed, if any

INR

Please enter amount in INR based on the prevalent exchange rate as on Liquidation Commencement Date 05-Feb-2019

Total Amount of Claim in INR

As on Liquidation Commencement Date 05-Feb-2019

Details of documents by reference to which the debt can be substantiated *

Details of any Order of a Court or Tribunal that has adjudicated on the Non-payment of debt *

Details of how and when debt incurred

Details of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the financial 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 any assignment or transfer of debt in his favour

Mention details of the bank account to which the Financial Creditor's share of the proceeds of Liquidation can be transferred:

Bank Name & Branch *

Bank Account Number *

IFSC Code *

List out and attach the documents relied on in support of this claim *

Indicative List- Statement of Dues, Financial Contracts, Financial Statements, Records evidencing amounts committed, security related documents, tribunal/court order if any, etc.

NOTE: Along with other documents, please attach an excel sheet giving a detailed breakup in the indicative format as given below:

Lender Name: *[Name of the Bank]*

Outstanding as on Liquidation Commencement Date ("LCD") - 05-Feb-2019

Particulars	Cash Credit	Term Loan	Equipment Loan	Others (if any)*	Total Fund Based	BG O/s	LC O/s	Total Non-Fund Based	Grand Total
Principal									
Interest									
Total									

The above outstanding includes accrued interest up to LCD and any other overdues including devolvement and invocation

In case of BG Invocation/ LC Devolvement, please mention amounts as under

Till LCD	Amount (Principal)	Facility in which it is captured (CC/Others)
BG Invocation		
LC Devolvement		

***Please mention details of facility in the other column**

Facility Name	Principal	Interest	Total	Remarks (if any)

Upload Affidavit (witnessed by Notary or Oath Commissioner)

Drag & Drop (or) [Choose File](#)

Upload documents as proof of claim

Drag & Drop (or) [Choose File](#)

Please upload one compressed/zip folder containing all documents (File size should be within 20MB). You may upload files in subsequent fields if 20MB is not sufficient. However each field has a restriction limit of 20MB

Upload documents (Part 2)

Drag & Drop (or) [Choose File](#)

Upload documents (Part 3)

Drag & Drop (or) [Choose File](#)

Upload documents (Part 4)

Drag & Drop (or) [Choose File](#)

Upload documents (Part 5)

Drag & Drop (or) [Choose File](#)

If document size is over 100MB, and the above fields are not sufficient, please mention the link in the below text box from where the files can be downloaded.

Signature of financial creditor or person authorised to act on his behalf *

[Clear](#)

[Please enclose the authority if this is being submitted on behalf of a financial creditor]

Name in BLOCK LETTERS *

Position with or in relation to the creditor *

Address of Person Signing *

Save

Submit

Do not submit confidential information such as credit card details, Mobile and ATM PINs, account passwords, etc. [Report Abuse](#)

