

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]

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

From,

Name of duly Authorised Representative of the workmen/employees *

Address of duly Authorised Representative of the workmen/employees *

Street Address

City

State/Region/Province

Postal / Zip Code

Country

Email Address of the Authorised Representative *

Phone Number *

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

Madam/Sir,

I, currently residing at the above mentioned address, 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, at the liquidation commencement date, being the 5th day of February 2019 and still is, justly truly indebted to the several persons whose names, addresses, and descriptions appear in the Annexure A below in amounts severally set against their names in such Annexure A for wages, remuneration and other amounts due to them respectively as workmen or/ and employees in the

employment 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 A.

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 details given below in respect 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.

Total Amount of Claim for the workmen/employees represented *

INR

Please enter amount in INR based on the prevalent exchange rate as on dd-mm-yyyy.

Interest Claimed, if any

INR

Please enter amount in INR based on the prevalent exchange rate as on dd-mm-yyyy

Total Amount of Claim in INR

ANNEXURE A

1. Details of Employees/Workmen *

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

Please upload one excel file containing the details of the employees/workmen in the format as given below.

S.No.	Empl oyee No.	Name of Employee/ Workman	Identification Number (PAN Number/Passport/Aadhaar Card)	Total Amount Due (INR)	Period over which amount due	Details of evidence of debt including Employment contracts and other proofs
1						
2						

2. Particulars of how debt was incurred by the corporate debtor, including particulars of any dispute as well as the record of pendency of suit or arbitration proceedings (if any)

3. Particulars 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

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

Upload Affidavit (witnessed by Notary or Oath Commissioner)

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

Upload documents relied as evidence as proof of debt and as proofs of non-payment of debt

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

Please upload one compressed/zip folder containing all documents (File size should be within 20MB).

Signature of claimant *

[Clear](#)

Name in BLOCK LETTERS *

Save

Submit

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

