

# 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]

To,  
**Venkatesan S,**  
**Interim Resolution Professional,**  
**RTIL Limited,**  
Thandya Industrial Estate, Thandavapura Village,  
Nanjangud, Mysore District, Karnataka - 571301

Subject : Submission of Proof of Claim

Madam/Sir,

I hereby submit this proof of claim in respect of the corporate insolvency resolution process in the case of RTIL Limited. The Details of the same are set out below:

Name of Operational Creditor \*

Address \*

Street Address

City

State/Region/Province

Postal / Zip Code

Country

Email Address of the Operational Creditor \*

Phone Number \*

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) \*

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

Claim Amount (Excluding Interest) \*

**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

0

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

Details of any dispute as well as the record of pendency or order of suit or arbitration proceedings \*

- No Disputes
- Yes, Details to be mentioned below

If answer to above is yes, please provide details below: \*

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 retention of title arrangements in respect of goods or properties to which the claim refers

**Mention details of the bank account to which the amount of the claim or any part thereof can be transferred pursuant to a resolution plan:**

**Bank Name & Branch \***

**Bank Account Number \***

**IFSC Code \***

**List of documents attached to this proof of claim in order to prove the existence and non-payment of claim due to the operational creditor \***

Indicative list - Statement of Dues/ Ledger, Contract/PO Copy, Invoice Copies, Proof of delivery/work completion certificate, Court/Tribunal order if any, etc.

**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)

**Upload documents (Part 2)**

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

Use this to upload files if the above 20MB is not sufficient. You may split the files into 2 compressed/zipped folders as Part-1 and Part-2 (each not being greater than 20MB)

**Verification \***

I 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

**DECLARATION**

I do hereby declare and state as follows: \*

1. RTIL Limited, the Corporate Debtor was, at the insolvency commencement date, being 6th Day of April 2018, actually indebted to me in the sum of amount as mentioned in the "Total Amount of Claim in INR" field above.
2. In respect of my claim of the said sum or any part thereof, I have relied on the documents specified above.
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 for the details mentioned above in regard to any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the creditor which may be set-off against the claim.

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

[Clear](#)

[Please enclose the authority if this is being submitted on behalf of an operational 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](#)

