

# FORM E - PROOF OF CLAIM SUBMITTED BY AUTHORISED REPRESENTATIVE OF 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

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 Proofs of Claim

Madam/Sir,

I on behalf of the workmen and employees employed by the above named Corporate Debtor and listed in Annexure A, solemnly affirm and say:

1. That the above named corporate debtor was, at the insolvency commencement date, being the 6th day of April 2018, 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.	Employee No.	Name of Employee/Workman	Identification Number (PAN Number/Passport/Aadhaar Card)	Total Amount Due (INR)	Period over which amount due
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 of documents attached to this proof of claim in order to prove the existence and non-payment of claim due to the workmen/employees

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).

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 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](#)

