FORM A (Under Regulation 14(3) of the Insolvency and Bankruptcy Board of India (Inspection and Investigation) Regulations, 2017)

Claim under Order No... dated under section 220(4) of the Code

| S1. | Description | Particulars |
|-----|--|-------------|
| No. | | |
| 1. | Name and Address of the Claimant | |
| 2. | Identity of the Claimant | |
| | (a) Aadhaar No | |
| | (b) PAN | |
| | (c) Bank account no, name of the bank, | |
| | branch to which money is to be | |
| | remitted and IFSC code | |
| 3. | Please explain how you have lost money on account of | |
| | contravention as mentioned under section 220(4) | |
| 4. | Please show computation of loss suffered by you | |

Verification

I hereby verify and affirm that the contents as stated above are true and correct to the best of my knowledge and belief and no material fact has been concealed.

(Signature of the Claimant)

Note: If the amount of claim exceeds Rs. 10,000, this verification shall be done before a Notary for the purpose of submission of claim.

Dr. M. S. Sahoo Chairperson Insolvency and Bankruptcy Board of India