

## Instructions for filling out Claim Form F

### 1. Manner of filing the claim Form

- 1) Download the relevant form (mentioned below) from the Company website, <http://coastalprojects.co/>
- 2) File the Form Electronically, save it and email the pdf copy to [ip.coastal@in.ey.com](mailto:ip.coastal@in.ey.com). (Put subject of email as- **Claim: <Name of the Creditor>**).
- 3) Print the updated form, sign it and send it to the following address:

Mr Ravi Sankar Devarakonda  
C/o EY Restructuring LLP  
Oval Office, 18, iLabs Centre, Hitech City,  
Madhapur, Hyderabad,  
Telangana-500081

**The operational creditors, including workmen and employees and other creditors may submit the proof of claims by in person, by post or electronic means.**

### 2. Documents to be attached to the form

Ø **Form F (Creditors Other Than Financial Creditors And Operational Creditors)**

- Identity proof (Aadhar card/pan card/etc.)
- Copy of invoice
- Proof of non-receipt of payment
- Any other information as applicable

**Submission of false or misleading proofs of claim shall attract penalties under The Insolvency and Bankruptcy Code, 2016.**

Note: *In case of any query regarding the claim form, email us at [ip.coastal@in.ey.com](mailto:ip.coastal@in.ey.com)*

**FORM F****PROOF OF CLAIM BY CREDITORS (OTHER THAN FINANCIAL CREDITORS AND  
OPERATIONAL CREDITORS)**

*[Under Regulation 9A of the Insolvency and Bankruptcy Board of India (Insolvency Resolution  
Process for Corporate Persons) Regulations, 2016]*

*Date:*

To

The Interim Resolution Professional / Resolution Professional

*(Name of the Insolvency Resolution Professional / Resolution Professional)*

**Mr. Ravi Sankar Devarakonda**

*(Address as set out in public announcement)*

**C/o EY Restructuring LLP  
Oval Office, 18, iLabs Centre, Hitech City,  
Madhapur, Hyderabad,  
Telangana-500081**

From

*(Name and address of the creditor)*

**Subject:** Submission of proof of claim.

Madam / Sir,

I, (*Name of the creditor*) , hereby submit the following proof of claim in respect of the corporate insolvency resolution process in the case of (*name of corporate debtor*) . The details of the same are set out below:

PARTICULARS			
1.	Name of the creditor		
2.	Identification number of the creditor (If an incorporated body corporate, provide identification number and proof of incorporation. If a partnership or individual, provide identification record* of all partners or the individuals)		
3.	Address and email address of the creditor for correspondence		
4.	Description of the claim (Including the amount of the claim as at the insolvency commencement date)	<b>Principal</b>	<b>Interest (if any)</b>
5.	Details of documents by reference to which claim can be substantiated		
6.	Details of how and when the claim arose		

7.	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												
8.	Details of: a. any security held, the value of security and its date, or b. retention title arrangement in respect of goods or properties to which the claim refers												
9.	Details of bank account to which the amount of the claim or any part thereof can be transferred pursuant to a resolution plan	<table border="1"> <thead> <tr> <th data-bbox="946 902 1058 969">Bank Account Number</th> <th data-bbox="1066 902 1161 969">IFSC Code</th> <th data-bbox="1169 902 1265 969">Bank Name</th> <th data-bbox="1273 902 1377 969">Other Details</th> </tr> </thead> <tbody> <tr> <td data-bbox="946 981 1058 1245"></td> <td data-bbox="1066 981 1161 1245"></td> <td data-bbox="1169 981 1265 1245"></td> <td data-bbox="1273 981 1377 1245"></td> </tr> </tbody> </table>	Bank Account Number	IFSC Code	Bank Name	Other Details							
Bank Account Number	IFSC Code	Bank Name	Other Details										
10.	List of documents attached to this claim in order to prove the existence and non- satisfaction of claim due to the creditor												
Signature of the creditor or any person authorised to act on his behalf													

Please enclose the authority if this is being submitted signed on behalf of the creditor

Name in BLOCK LETTERS:

Position with or in relation to the creditor

Address of the person signing

\* PAN, Passport, AADHAAR or the identity card issued by the Election Commission of India.

### **AFFIDAVIT**

I, *[name of claimant]*

, currently residing at

*[insert address]*

, do solemnly affirm and state as follows:

1. I, *[name of corporate debtor]*

the corporate debtor was, at the insolvency commencement date, being the day of \_\_\_\_\_ 20\_\_, actually indebted to me in the sum of Rs.

2. In respect of my claim, I have relied on the documents specified below:

*Please list the documents relied on as evidence of claim*

3. The said documents are true, valid and genuine to the best of my knowledge, information and belief.

4. In respect of the claim, I have not nor has 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 following (if any):

*(Please state 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.)*

Date:

Place:

Signature of claimant

### VERIFICATION

I, [ name ] the claimant hereinabove, do hereby verify that the contents of this proof of claim are true and correct to my knowledge and belief and no material facts have been concealed therefrom.

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

Signature of claimant