

Instructions for filling out Claim Form B

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. (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

➤ Form B (Operational Creditors except Workmen And Employees)

- Identity proof (Aadhar card/pan card/etc.)
- Copy of Invoice
- Purchase order
- Proof of delivery
- 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*

SCHEDULE

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]

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 operational creditor]

Subject: Submission of proof of claim.

Madam/Sir,

[Name of the operational creditor], hereby submits this proof of claim in respect of the corporate insolvency resolution process in the case of *[name of corporate debtor]*. The details for the same are set out below:

PARTICULARS		
1.	NAME OF OPERATIONAL CREDITOR	
2.	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)	
3.	ADDRESS AND EMAIL ADDRESS OF OPERATIONAL CREDITOR FOR CORRESPONDENCE	
4.	TOTAL AMOUNT OF CLAIM (INCLUDING ANY INTEREST AS AT THE INSOLVENCY COMMENCEMENT DATE)	Principal
		Interest (If any)
5.	DETAILS OF DOCUMENTS BY REFERENCE TO WHICH THE DEBT CAN BE SUBSTANTIATED.	

6.	DETAILS OF ANY DISPUTE AS WELL AS THE RECORD OF PENDENCY OR ORDER OF SUIT OR ARBITRATION PROCEEDINGS			
7.	DETAILS OF HOW AND WHEN DEBT INCURRED			
8.	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			
9.	DETAILS OF ANY RETENTION OF TITLE ARRANGEMENTS IN RESPECT OF GOODS OR PROPERTIES TO WHICH THE CLAIM REFERS			
10.	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 Account Number	IFSC code	Bank Name
				Other Details
11.	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			
Signature of operational creditor or person authorised to act on his behalf				
<i>[Please enclose the authority if this is being submitted on behalf of an operational creditor]</i>				
Name in BLOCK LETTERS :				
Position with or in relation to creditor				
Address of person signing				

*PAN number, passport, AADHAAR Card 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. [*Name of corporate debtor*], the corporate debtor was, at the insolvency commencement date, being the day of _____ 20_____, justly and truly indebted to me in the sum of Rs. [*insert amount of claim*].

2. In respect of my claim of the said sum or any part thereof, 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 said sum or any part thereof, 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:

(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.

Signature of claimant

