

## **Instructions for filling out Claim Form D**

### **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 D (Workman Or An Employee)**

- Identity proof (Aadhar card/pan card/etc.)
- Salary statement
- Bank statements
- Break up of claim amount
- PF statement
- Appointment/Increment/Resignation Letter
- Copy of Full & Final settlement
- 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)*

**SCHEDULE**

**FORM D**

PROOF OF CLAIM BY A WORKMAN OR AN EMPLOYEE

*[Under Regulation 9 of the Insolvency and Bankruptcy (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 workman / employee]*

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

Madam/Sir,

*[Name of the workman / employee]*, 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 WORKMAN / EMPLOYEE	
2.	PAN NUMBER, PASSPORT, THE IDENTITY CARD ISSUED BY THE ELECTION COMMISSION OF INDIA OR AADHAAR CARD OF WORKMAN / EMPLOYEE	
3.	ADDRESS AND EMAIL ADDRESS (IF ANY) OF WORKMAN / EMPLOYEE FOR CORRESPONDENCE	

4.	TOTAL AMOUNT OF CLAIM (INCLUDING ANY INTEREST AS AT THE INSOLVENCY COMMENCEMENT DATE)	<b>Principal</b>		<b>Interest (if any)</b>	
5.	DETAILS OF DOCUMENTS BY REFERENCE TO WHICH THE CLAIM 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 CLAIM AROSE				
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 THE BANK ACCOUNT TO WHICH THE AMOUNT OF THE CLAIM OR ANY PART THEREOF CAN BE TRANSFERRED PURSUANT TO A RESOLUTION PLAN	<b>Bank Account Number</b>	<b>IFSC Code</b>	<b>Bank Name</b>	<b>Other Details</b>
10.	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 workman / employee or person authorised to act on his behalf

*[Please enclose the authority if this is being submitted on behalf of an operational creditor]*

Name in BLOCK LETTERS:

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Position with or in relation to creditor:

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Address of person signing:

**AFFIDAVIT**

I, [*name of claimant*] currently residing at [*insert address*],

1. [*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. [*insert amount 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.*]

Solemnly, affirmed at \_\_\_\_\_ on \_\_\_\_\_ day,  
the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Date:

(Signature of claimant)

Place:

#### 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)