Name of the Corporate Debtor :Suryabalaji steels private limited

Date of commencement of liquidation 29.05.2018

List of stakeholders as on 18.05.2021

List of other stakeholders, if any(other than financial creditors and operational creditors)

(Amount in Rs)

|          | AND JULY OF GENERAL PROPERTY OF GENERAL PROPER |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|----------|--|-----------|------------|---------|----------|---------------------------|-----------|------------|-----------|----------|----------|----------|-----------|----------|------------|----------|
| S.NO     |  |           | IDENTIFICA | DETAILS | OF CLAIM | DETAILS OF CLAIM ADMITTED |           |            |           |          |          | AMOUNT   | AMOUNT    | AMOUNT   | AMOUNT     | REMARKS  |
|          | STAKEHOL   | OF        | TION NO.   | RECE    | EIVED    |                           |           |            |           |          |          | OF       | OF ANY    | OF CLAIM | OF CLAIM   |          |
|          | DERS   | STAKEHOL  |            |         |          |                           |           |            |           |          |          | CONTINGE | MUTUAL    | REJECTED | UNDER      |          |
|          |  | DERS(PREF |            |         |          |                           |           |            |           |          |          | NT CLAIM | DUES THAT |          | VERIFICATI |          |
|          |  | ERENCE    |            |         |          |                           |           |            |           |          |          |          | MAY BE    |          | ON         |          |
|          |  | SHAREHOL  |            |         |          |                           |           |            |           |          |          |          | SET OFF   |          |            |          |
|          |  | DERS/EQU  |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  | ITY       |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  | SHAREHOL  |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  | DERS/PAR  |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  | TNERS/OT  |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  | HERS      |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  |           |            | DATE OF | AMOUNT   | AMOUNT                    | NATURE OF | AMOUT      | WHETHER   | AMOUNT   | % SHARE  |          |           |          |            |          |
|          |  |           |            |         | CLAIMED  |                           |           |            | LIEN/ATTA |          | IN TOTAL |          |           |          |            |          |
|          |  |           |            |         |          | ADMITTED                  |           | BY LIEN OR |           |          | AMOUNT   |          |           |          |            |          |
|          |  |           |            |         |          |                           |           | ATTACHME   |           | GUARANTE |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            | (YES/NO)  | E        | ADMITTED |          |           |          |            |          |
|          |  |           |            |         |          |                           |           | PENDING    | ( -, -,   |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           | DISPOSAL   |           |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
|          |  |           |            |         |          |                           |           |            |           |          |          |          |           |          |            |          |
| <b>—</b> | 1  |           |            |         | l        | ı                         |           | NIII       |           | l .      | l .      | I        | I         | I        | l          | <u> </u> |
|          |  |           |            |         |          |                           |           | NIL        |           |          |          |          |           |          |            |          |