				Name of the	Corporate D				ted Date of 0		ent of Liqui	dation: 04-09 and Operati			ers as on Oct	ober 01, 202	!1
S		aekeholder	Category of stakeholders (preference shareholders / equity	Identification No	Details of Claim received		Details of claim admitted						Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of d claim under verification	Remarks, any
			equity shareholders / partners / others)		Date of Receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by lien or attachment pending disposal	Whether lien or attachment removed? (Yes/No)	Amount covered by guarantee	% of share in total Amount of claim admitted					
	1	NA	NA		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	No clair submitt