NAME OF AUTHORISED DETAILS OF CLAIM RECEIVED SN REPRESENTATIVE NAME OF WORKMAN DATE OF RECEIPT AMT CLAIMED Image: Signature of the second			LIST OF OPERATIONAL CREDITORS	(WORKMEN)	
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AMOUNT OF CLAIM	NATURE	RELATED	VOTING	AMOUNT OF	DUES THAT MAY BE
ADMITTED	OF CLAIM	PARTY	%	CONTINGENT CLAIM	SET OFF

AMOUNT OF CLAIM		
UNDER VERIFICATION	CLAIM NOT ADMITTED	REMARKS
VERIFICATION	ADIVITTED	REWIARNS