

**Annexure 4**

**Name of the Corporate Debtor**  
**List of stakeholders as on**

**MBS Impex Private Limited**    **Date of Commencement 01.03.2022**  
**30.04.2022**

**List of Operational Creditors (Employees)**

**Amount in Rs.**

S. No.	Name of Authorised Representative if any	Name of Employee	Details of Caim Received		Details of Claim Admitted				Amount of Contin gent Claim	Amount of any mutual dues that may be set-off	Amount of Claim Rejecte d	Amount of Claim Under Verification	Remarks
			Date of Receipt	Amount Claimed	Total Claim amount admitte d	Outstan ding upto 24 months	Natu re of Clai m	% of share in total claim amount admitted					
		NA	NA	-								-	
				-								-	