							Anr	exure 9						
Name of t	he Corpora	te debtor: I	M/s. Thexa					ement of CIRF				on :29.09.2	2019	
List of Other creditors (other than financial creditors and op									rs and ope	Amount	Amount	Amount	Amount	Remarks if any
S No	Name of the creditor	Identifica tion No	Details of claims received		Details of claim admitted					of Continge	of any mutual	of Claim Not	of claim under	,
			Date of Receipt	Amount Claimed	Amount of claim admitted	Nature of claim	Amount covered by Security Interest	Amount covered by Guarantee	Whether related party?	nt Claim dues, may	dues, that may be set off	2	verificatio n	
				NIL										
	Total			0	0							0	0	