							Annexure 7									
		Name of the Corporate	e debtor: M/s. [DQ entertai						.06.2022; Li	st of Creditor	s as on :16.09.2	022			
							nal creditors (G									
	Details of claimant			Details of claims received		Details of claim admitted					l	,				
S No	Department	Government	Identificatio n No.	Date of Receipt	Amount Claimed	Amount of claim admitted	Nature of claim	Amount covered by security Interest	Amount covered by Guarantee	Whether related party?	% of voting share in COC if applicable	Contingent Claim	of any mutual dues, that may be set off	of Claim Not Admitted	claim under verification	if any
	IPF	Employees Provident Fund Organisation	G-1	30/06/22	205699027	0	Government			No	Nil				205699027	
		Employee State Insurance Corporation (ESI)	G-2	29/06/22	200732	0	Government			No	Nil				200732	
		Total			205899759										205899759	