## Annexure-4

| Name of    | f the Corporate Debtor: R J Bio-Tech | Date of Commencement of CIRP: 20.09.2022 (order received on 22.09.2022) |                   |                                |                 |                                      | List of Creditors as on: 14.10.2022 |                                   |                                      |        |                                       |   |                    |
|------------|--------------------------------------|---|-------------------|--------------------------------|-----------------|--------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|--------|---------------------------------------|---|--------------------|
|            | Lis                                  | st of Unsecu  | red Financial C   | reditors (Othe                 | r than Financia | al Creditors                         | belonging                           | to any Clas                       | s of Credito                         | rs)    |                                       |   |                    |
|            |                                      |   |                   | ·                              |                 |                                      |                                     |                                   |                                      | ·      |                                       |   | (Amount<br>in Rs)  |
|            |                                      | Details of claim received   |                   | Details of claim admitted      |                 |                                      |                                     |                                   |                                      | Amount |                                       |   |                    |
| Sl.<br>No. | Name of creditor                     | Date of receipt   | Amount<br>claimed | Amount of<br>claim<br>admitted | Nature of claim | Amount<br>covered<br>by<br>guarantee | Whether<br>related<br>party?        | % of<br>voting<br>share in<br>CoC | Amount<br>of<br>contingen<br>t claim |        | Amount<br>of claim<br>not<br>admitted | Amount of<br>claim under<br>verificati on | Remarks,<br>if any |
|            |                                      |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       |   |                    |
|            |                                      |   |                   |                                |                 | NIL                                  |                                     |                                   |                                      |        |                                       |   |                    |
|            |                                      |   |                   |                                | 1412            |                                      |                                     |                                   |                                      |        |                                       |   |                    |
|            |                                      |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       |   |                    |
|            |                                      |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       |   |                    |
|            |                                      |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       |   |                    |
|            |                                      |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       |   |                    |
|            |                                      |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       |   |                    |
|            | _                                    |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       | •   |                    |
|            |                                      |   |                   |                                |                 |                                      |                                     |                                   |                                      |        |                                       |   |                    |