|  | Annexure 2  |                           |                |  |                 |                                     |                                |                        |  |                      |   |                                 |                                    |                |  |
|--|---|---------------------------|----------------|--|-----------------|-------------------------------------|--------------------------------|------------------------|--|----------------------|---|---------------------------------|------------------------------------|----------------|--|
| Name of Corporate Debtor : Hindusthan National Glass & Industries Ltd. |   |                           |                | Date of Commencement of CIRP : 21 October 2021 |                 |                                     |                                |                        | Pursuant to claims received and updated as on 25th-August-2022 |                      |   |                                 |                                    |                |  |
|  | List of unsecured financial creditors belonging to any class of creditors |                           |                |  |                 |                                     |                                |                        |  |                      |   |                                 |                                    |                |  |
| SI No.   | Name of creditor  | Details of Claim Received |                | Details of Claim Admitted                      |                 |                                     |                                |                        |  |                      |   |                                 |                                    |                |  |
|  |   | Date of receipt           | Amount claimed | Amount of claim<br>admitted                    | Nature of claim | Amount covered by security interest | Amount covered by<br>Guarantee | Whether related party? | % of voting Share<br>in COC if<br>applicable                   | Amount of contingent | Amount of any<br>mutual dues that<br>may be set off | Amount of claim not<br>admitted | Amount of claim under verification | Remarks if any |  |
|  |   |                           |                |  |                 |                                     |                                |                        |  |                      |   |                                 |                                    |                |  |
|  |   |                           |                |  |                 |                                     |                                |                        |  |                      |   |                                 |                                    |                |  |
|  |   |                           |                |  |                 |                                     |                                |                        |  |                      |   |                                 |                                    |                |  |
|  | Total   |                           |                |  |                 |                                     |                                | ·                      |  |                      |   |                                 |                                    |                |  |