|                          | Annexure - 5                              |                 |                   |                           |                                    |                 |                 |                |                  |                  |                      |                    |                 |               |  |
|--------------------------|---|-----------------|-------------------|---------------------------|------------------------------------|-----------------|-----------------|----------------|------------------|------------------|----------------------|--------------------|-----------------|---------------|--|
| Name of Corporate debtor |   |                 | M/s.              | G B J Hotels Private Limi | Date of Commencement of CIRP       |                 |                 |                | 19.04.2022       |                  | List of Creditors as | on                 | 13.12.20        |               |  |
|                          | List of operational creditors (Workmen)   |                 |                   |                           |                                    |                 |                 |                |                  |                  |                      |                    |                 |               |  |
|                          | Amount in                                 |                 |                   |                           |                                    |                 |                 |                |                  |                  |                      |                    |                 |               |  |
|                          |   |                 |                   | Details of Claim          | Received Details of claim admitted |                 |                 |                |                  |                  |                      |                    |                 |               |  |
|                          |   |                 |                   |                           |                                    |                 |                 |                |                  |                  | Amount of            |                    |                 |               |  |
|                          |   |                 |                   |                           |                                    |                 |                 |                | % of voting      |                  | any mutual           |                    |                 |               |  |
|                          |   |                 |                   |                           |                                    | Amount of claim |                 | Whether        | share in CoC, if | Amount of        | dues, that           | Amount of Claim    | Amount of Claim |               |  |
| SI.N                     | Name of Authorised Representative, if any | Name of Workman | Identification no | Date of receipt           | Amount claimed                     | admitted        | Nature of claim | related party? | applicable       | Contingent Claim | may be setoff        | under Verification | not admitted    | Remarks, if a |  |
|                          |   |                 |                   |                           |                                    |                 |                 |                |                  |                  |                      |                    |                 |               |  |
|                          | Not Applicable                            |                 |                   |                           |                                    |                 |                 |                |                  |                  |                      |                    |                 |               |  |
|                          |   |                 |                   |                           |                                    | 14007           | фрисавіс        |                |                  |                  |                      |                    |                 |               |  |
|                          |   |                 |                   |                           |                                    |                 |                 |                |                  |                  |                      |                    |                 |               |  |