|     |                                        | No.                               | SI.                           |                                                         |                                                                                                                                                     |
|-----|----------------------------------------|-----------------------------------|-------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                        | representative, if any            | Name of authorised            |                                                         |                                                                                                                                                     |
| NIL |                                        | Employee                          | Name of Workman/              |                                                         | Name o                                                                                                                                              |
|     | Date of receipt                        | Details of claim received         | Details of clai               |                                                         | of the corporate de                                                                                                                                 |
|     | Amount<br>claimed                      |                                   | m received                    |                                                         | btor: S. K. M                                                                                                                                       |
|     | Amount of claim admitted               | Details of claim admitted         | Details of c                  | Lie                                                     | . REAL INFRA I                                                                                                                                      |
|     | Nature of claim                        |                                   |                               | List of operational creditors (Workmen) (Amount in Rs.) | Ann<br>LIMITED; Date                                                                                                                                |
| NIL | Whether related party?                 |                                   | laim admitte                  | ational creditors (W<br>(Amount in Rs.)                 | Annexure-5 Date of commenc                                                                                                                          |
|     | % voting share in CoC, if applicable   |                                   | Vorkmen)                      | ement of CIRP: 10.0                                     |                                                                                                                                                     |
|     | claim                                  | contingent                        | Amount of                     |                                                         | Annexure-5 Name of the corporate debtor: S. K. M. REAL INFRA LIMITED; Date of commencement of CIRP: 10.03.2022; List of creditors as on: 06.02.2023 |
|     | dues, that may verification be set-off | contingent any mutual claim under | Amount of Amount of Amount of |                                                         |                                                                                                                                                     |
|     | verification                           | claim under                       | Amount of                     |                                                         | 06.02.2023                                                                                                                                          |
|     | admitted                               | claim not                         | Amount of                     |                                                         |                                                                                                                                                     |
|     |                                        |                                   | Remarks, if any               |                                                         |                                                                                                                                                     |

