Annexure-9

Name of the corporate debtor: REDHU FARMS PRIVATE LIMITED; Date of commencement of CIRP: 30.03.2023; List of creditors as on:13.06.2023 In accordance with Section 25(2) (e), IBC,2016 List of other creditors (Other than financial creditors and operational creditors)

Name of creditor Pate of receipt Lakshya Health Foods Private Limited Date of Laim of claim received Date of receipt Date of Limited Date of Laim admitted Amount claimed Amount claimed Amount of claim Amount of claim of claim of claim of claim admitted Amount of claim of claim of claim of claim interest interest Amount of claim Amount of claim covered by covered by party? Amount of any mutual of claim dues, that of claim may be set-admitted interest of may be set-admitted of claim of claim of claim of claim interest. Amount of Amount of any mutual of claim may be set-admitted of claim of claim of claim of claim of claim interest. Amount of Amount of amy mutual of claim may be set-admitted of claim of claim of claim of claim interest. Amount of claim of	r	6,15,68,957.50	1	ı	t	1	Ti.	1	1	1	6,15,68,957.50	ť	Total	
Name of creditor Details of claim received Details of claim admitted Amount of claim covered by related claim party? Details of claim admitted Details of claim admitted Amount of claim covered by admitted Details of claim admitted Amount of claim covered by admitted Details of claim admitted Amount of claim covered by admitted Details of claim admitted Amount of claim covered by admitted Details of claim admitted Details of claim admitted Amount of claim covered by admitted Details of claim admitted Details of claim admitted Details of claim admitted Amount of claim covered by admitted Details of claim admitted Details of c	Incomplete Documents	6,15,68,957.50	ı	1	1	3	1	,	Unsecured	(6,15,68,957.50	17.05.2023	Lakshya Health Foods Private Limited	1
Details of claim admitted	Remarks, i any		Amount of claim not admitte d	Amount of any mutual dues, that may be set-off	Amount of continge nt claim	Whether related party?	Amount covered by guarantee	Amount covered by security interest	Nature of claim	Amount of claim admitted			Name of creditor	SI.No.
							ed	of claim admitt	Details		of claim received	Details		

