LIST OF CREDITORS

Filing under clause (ca) of sub-regulation (2) of regulation 13 of the IBBI (Insolvency Resolution Process for Corporate Persons) Regulations, 2016

SI N o	creditor		nmary of claims received	Summ	Amo unt of conti ngen t claim s	Amo unt of claim s not admi tted	Amount of claims under verification	r in	s, if any	
		No. of	Amount	No. of	Amount			77		
1.	Secured	claims		claims						
	financial creditors belonging to any class of creditors	-	-	-	-	-	-	-	Annex -1	-
2.	Unsecured financial creditors belonging to any class of creditors	3	69,89,402.00	-		-	69,8 9,40 2.00	-	Annex -2	
3.	Secured financial creditors (other than financial creditors	1	43,60,868.00	-	-	-	-	43,60,868.00	Annex -3	-
	belonging to any class of creditors)									
	Unsecured financial creditors (other than financial creditors belonging to any class of creditors)	-	-	-	-	-	-		Annex -4	-
	Operational creditors (Workmen)	-	-	-	-	-	-	YUMAR S	Annex -5	-

Annexure – 6

Name of the corporate debtor: Kapasi Infracon LLP;

Date of commencement of CIRP: 04/09/2023; List of creditors as on 03/10/2023;

List of operational creditors (Employees)

d represe	authorise d represen tative, if	Name of Work men	Details of claim received			Details	s of claim admit	ted	Amount of conti- ngent claim	Amount of any mutual dues, that may be set off	Amount of claim under verifica- tion	Amoun t of Claim not admit-	Rema rks, if any	
			Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by the guarantee	Wheth er related party?	% of voting share in CoC (if applica ble)				ted	
			-	•	•	•	•	•	-	•	-	•		
-	-		-	-	-	-	-		-	-	-	-		•



Annexure – 9

Name of the corporate debtor: Kapasi Infracon LLP;

Date of commencement of CIRP: 04/09/2023; List of creditors as on 03/10/2023;

List of other creditors (other than Financial Creditors and Operational Creditors)

S. N o	Nam e of credit or	Details of claim received			Detai	s of claim ac	dmitted		Amount of contingent claim	Amount of any mutual dues, that may be set	Amount of claim not admitted	Amoun t of claim under verifica	Rema rks, if any
-		Date of receipt	Amoun t claime d	Amount of claim admitted	Nature of claim	Amount Covered by Security Interest	Amount covered by the guarante e	Whether related party?		off		tion	
	.	-	-		•		-		-				
-	-	-	-										•
						•			-		-	-	-

