Annexure – 6													
S.No.	Name of authorised representative, if any	Name of employee	Details of		Details of				Amount of contingent claim	Amount of any mutual dues, that may be set-off	Amount of claim under verification	Amount of claim not admitted	Remarks, if any
			Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Whether related party?	% of voting share in CoC, if applicable					
_	_	_	_	_	_	_	_	_	_	_	_	_	_