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