

Form B- Operational Creditors Claim

Sr. No.	Claim Date	Received Date	Name of Claimant	Address	Email & Phone no.	Principal	Interest	Amount	Document Submitted	Remarks	Claim Ac	Claim Re	Claim in	Remark
	08.10.2024		EPF Department	Mumbai	ro.kandivali2@epfin	5838899	392709	6231608	PF Assessment order		6231608	Nil	Nil	Nil