|       | Annexure - 4                                  |  |                   |                           |                |                                     |               |           |            |                                  |  |                                |                                    |     |  |
|-------|---|--|-------------------|---------------------------|----------------|-------------------------------------|---------------|-----------|------------|----------------------------------|--|--------------------------------|------------------------------------|-----|--|
| Name  | of Corporate debtor                           | Sakthi Ganesh Textiles Private Limited |                   |                           |                | Date of Commencement of Liquidation |               |           | 16.06.2025 |                                  | List of Stakeholders as on                             |                                | 25.08.2025                         |     |  |
|       | List of Operational Creditors (Employees)     |  |                   |                           |                |                                     |               |           |            |                                  |  |                                |                                    |     |  |
|       | Amount in Rs                                  |  |                   |                           |                |                                     |               |           |            |                                  |  |                                |                                    |     |  |
|       | Name of Authorised<br>Representative , if any |  |                   | Details of Claim Received |                | Details of Claim Admitted           |               |           |            |                                  | A  |                                |                                    | i   |  |
| SI.No |   |  |                   |                           |                |                                     | claim for the | Nature of | in total   | Amount of<br>Contingent<br>Claim | Amount of<br>any mutual<br>dues, that<br>may be setoff | Amount<br>of claim<br>rejected | Amount of claim under verification | anv |  |
|       |   |  |                   |                           |                |                                     | ^             |           | amount     |                                  |  |                                |                                    |     |  |
|       |   | Name of the                            |                   | D . C                     |                | amount of claim                     |               |           | of claims  |                                  |  |                                |                                    |     |  |
|       |   | Employee                               | Identification No | Date of receipt           | Amount claimed | admitted                            | preceding the |           | admitted   |                                  |  |                                |                                    |     |  |
|       | NIL   |  |                   |                           |                |                                     |               |           |            |                                  |  |                                |                                    |     |  |
|       |   |  |                   |                           |                |                                     |               |           |            |                                  |  |                                |                                    |     |  |