

| Annexure-3                                                                                                                                                 |                                           |                 |                           |                |                                |                                                                                                  |                 |                                            |                            |                                                |                          |                                    |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|---------------------------|----------------|--------------------------------|--------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------|----------------------------|------------------------------------------------|--------------------------|------------------------------------|------------------|
| Name of the corporate debtor: Transparent Energy Systesm Pvt Ltd ; Date of commencement of liquidation: 30.10.2025; List of stakeholders as on: 06.04.2026 |                                           |                 |                           |                |                                |                                                                                                  |                 |                                            |                            |                                                |                          |                                    |                  |
| List of operational creditors (Workmen)                                                                                                                    |                                           |                 |                           |                |                                |                                                                                                  |                 |                                            |                            |                                                |                          |                                    |                  |
| Sl. No.                                                                                                                                                    | Name of authorised representative, if any | Name of workman | Details of claim received |                | Details of claim admitted      |                                                                                                  |                 |                                            | Amount of contingent claim | Amount of any mutual dues that may be set- off | Amount of claim rejected | Amount of claim under verification | Remarks , if any |
|                                                                                                                                                            |                                           |                 | Date of receipt           | Amount claimed | Total amount of claim admitted | Amount of claim for the period of twenty-four months preceding the liquidation commencement date | Nature of claim | % share in total amount of claims admitted |                            |                                                |                          |                                    |                  |
|                                                                                                                                                            |                                           |                 |                           |                |                                |                                                                                                  |                 |                                            |                            |                                                |                          |                                    |                  |
|                                                                                                                                                            |                                           |                 |                           |                |                                |                                                                                                  |                 |                                            |                            |                                                |                          |                                    |                  |
|                                                                                                                                                            | TOTAL                                     |                 |                           | -              | -                              |                                                                                                  |                 |                                            |                            |                                                |                          |                                    |                  |