

**INSOLVENCY AND BANKRUPTCY BOARD OF INDIA**

**7<sup>th</sup> Floor, Mayur Bhawan, Connaught Place, New Delhi-110001**

**CIRCULAR**

**No. IBBI/INSP/101/2026**

**3<sup>rd</sup> June, 2026**

**To: All Registered Insolvency Professionals  
All Recognised Insolvency Professional Entities  
All Registered Insolvency Professional Agencies  
(By mail to registered email addresses and on the website of the IBBI)**

Dear Madam/Sir,

**Subject: Format for filing claims**

1. Sub-regulation (3) of regulation (14) of the Insolvency and Bankruptcy Board of India (Inspection and Investigation) Regulations, 2017 states that the Board shall notify a form for filing claims.
2. In exercise of the above provision, the format is enclosed at Annexure.

**Sd/-  
(Ravinder Maini)  
Executive Director**

**Annexure**

**FORM**

(Under Regulation 14(3) of the Insolvency and Bankruptcy Board of India (Inspection and Investigation) Regulations, 2017)

Claim under Order No... dated ..... under section 220(4) of the Code

Sl. No.	Description	Particulars
1.	Name and Address of the Claimant	
2.	Identity of the Claimant (a) Aadhaar No (b) PAN (c) Bank account no, name of the bank, branch to which money is to be remitted and IFSC code	
3.	Please explain how you have lost money on account of contravention as mentioned under section 220(4)	
4.	Please show computation of loss suffered by you	

Verification

I hereby verify and affirm that the contents as stated above are true and correct to the best of my knowledge and belief and no material fact has been concealed.

(Signature of the Claimant)

Note: If the amount of claim exceeds Rs. 10,000, this verification shall be done before a Notary for the purpose of submission of claim.