

Instructions for filling out Claim Form C

1. Manner of filing the claim Form

- 1) Download the relevant form (mentioned below) from the Company website, http://coastalprojects.co/
- 2) File the Form Electronically, save it and email the pdf copy to <u>ip.coastal@in.ey.com</u>. (Put subject of email as- Claim: <Name of the Creditor>).

The financial creditors shall submit their proof of claims by electronic means only.

2. Documents to be attached to the form

- **Ø** Form C (Financial Creditors)
 - · Identity proof (Aadhar card/pan card/etc.)
 - Loan statement
 - Sanction letter
 - Amount claimed workings
 - · Any other information as applicable

Submission of false or misleading proofs of claim shall attract penalties under The Insolvency and Bankruptcy Code, 2016.

Note: In case of any query regarding the claim form, email us at ip.coastal@in.ey.com



SCHEDULE

FORM C

PROOF OF CLAIM BY FINANCIAL CREDITORS

[Under Regulation 8 of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016]

	Date:
То	
The	e Interim Resolution Professional / Resolution Professional,
[Ná	ame of the Insolvency Resolution Professional / Resolution Professional]
M	r. Ravi Sankar Devarakonda
[A	ddress as set out in public announcement]
O۷	o EY Restructuring LLP val Office, 18, iLabs Centre, Hitech City, Madhapur, Hyderabad, Telangana 0081
Fre	om
[Ná	ame and address of the registered office and principal office of the financial creditor]
Sul	bject: Submission of proof of claim.
Ma	dam/Sir,
	me of the financial creditor] , hereby submits this of of claim in respect of the corporate insolvency resolution process in the case of [name of corporate debtor] . The details for the same are set out below:
	RTICULARS
1.	NAME OF FINANCIAL CREDITOR
2.	IDENTIFICATION NUMBER OF FINANCIAL CREDITOR

(IF AN INCORPORATED BODY PROVIDE IDENTIFICATION NUMBER AND PROOF OF INCORPORATION. IF A PARTNERSHIP OR INDIVIDUAL PROVIDE



	IDENTIFICATION RECORDS* OF ALL THE PARTNERS OR THE INDIVIDUAL)				
3.	ADDRESS AND EMAIL ADDRESS OF FINANCIAL CREDITOR FOR CORRESPONDENCE.				
4.	TOTAL AMOUNT OF CLAIM	Pri	ncipal	Intere	st (if any)
	(INCLUDING ANY INTEREST AS AT THE INSOLVENCY COMMENCEMENT DATE)				
5.	DETAILS OF DOCUMENTS BY REFERENCE TO WHICH THE DEBT CAN BE SUBSTANTIATED				
6.	DETAILS OF HOW AND WHEN DEBT INCURRED				
7.	DETAILS OF ANY MUTUAL CREDIT, MUTUAL DEBTS, OR OTHER MUTUAL DEALINGS BETWEEN THE CORPORATE DEBTOR AND THE CREDITOR WHICH MAY BE SET-OFF AGAINST THE CLAIM				
8.	DETAILS OF ANY SECURITY HELD, THE VALUE OF THE SECURITY, AND THE DATE IT WAS GIVEN				
9.	DETAILS OF THE BANK ACCOUNT TO WHICH THE AMOUNT OF THE CLAIM OR ANY PART THEREOF CAN BE	Bank Account Number	IFSC Code	Bank Name	Other Details
	TRANSFERRED PURSUANT TO A RESOLUTION PLAN				
10.	LIST OF DOCUMENTS ATTACHED TO THIS PROOF OF CLAIM IN ORDER TO PROVE THE EXISTENCE AND NON-PAYMENT OF CLAIM DUE TO THE FINANCIAL CREDITOR ¹				



(Please enclose the authority if this is being submitted on behalf of an operational creditor)
Name in BLOCK LETTERS:
Position with or in relation to creditor
1 osition with or in relation to creditor
Address of person signing

AFFIDAVIT

I, [name of claimant]

, currently residing at [insert address]



, d	do solemnly affirm and state as follows:-	
1.	(Name of corporate debtor) at the insolvency commencement date, being the	, the corporate debtor was,
	20, actually indebted to me [insert amount of claim]	in the sum of Rs.
2.		ocuments specified below:
	[Please list the documents relied on as evidence of claim]	
3.	 The said documents are true, valid and genuine to the best of my knowledge, info material facts have been concealed therefrom. 	ormation and belief and no
4.	4. In respect of the said sum or any part thereof, neither I, nor any other person, by knowledge or belief, for my use, had or received any manner of satisfaction or so and except the following:	
	(Please state details of any mutual credit, mutual debts, or other mutual deal debtor and the creditor which may be set-off against the claim.)	ings between the corporate
5.	I am / I am not a related party in relation to the Corporate Debtor, as defined unde	er section 5(24) of the Code
	Date:	
	Date.	
	Place:	
		Signature of claimant
	VERIFICATION	
	I, [name] the claimant hereinabove, do hereby v of this proof of claim are true and correct to my knowledge and belief and no mat concealed therefrom.	
	Verified at on this day of 201	_

Signature of claimant



Annexure to Form C

Lender Name

Outstanding as on CIRP date

	valuating as on entrade									
									Others (CGTL/	
									Exit Option/any	
	Cash Credit	Term Loan	Equipment Loan	FITL	WCTL-1	WCTL-2	BCTL/ Rental TL	PD	other)	Total FB
Principal										
Interest										

					Investment	
	BG O/S	LC O/S	NFB O/S	Total FB+NFB	(Under SDR)	Grand Total
Limit						
Outstanding						

Note:

BG Limit shall be sanctioned limit after adjusting for interchangeability but without excluding any subsequent invocation/ devolvement LC Limit is sub limit of BG

The above outstanding is including accrued interest till CIRP date and any other ovedues incl. devolvement and invocation over and above WCTL-1 and WCTL-2

Please mention the name of the facility in the 'Others' Column

Facility Name	Amount	Remarks (if any)		

In case of BG invocation/ LC Devolvement (over and above WCTL-1 and 2) please mention the amounts as under

	Amount (only the principal)	Remarks (if any)
BG Invocation		
LC Devolvement		