

Instructions for filling out Claim Form E

1. Manner of filing the claim Form

- 1) Download the relevant form (mentioned below) from the Company website, <http://www.orchidpharma.com/downloads-cirp.aspx>
- 2) File the Form Electronically, save it and email the pdf copy to ip.orchid@in.ey.com.
(Put subject of email as- **Claim: <Name of the Creditor>**).
- 3) Print the updated form, notarize it, sign it and send it to the following address:

C/o Orchid Pharma Limited

'Orchid Towers', #313,

Valluvar Kottam High Road,

Nungambakkam,

Chennai - 600034

The operational creditors, including workmen and employees and other creditors may submit the proof of claims by in person, by post or electronic means.

2. Documents to be attached to the form

Form E (Authorised Representative of Workmen and Employee)

- Identity proof of the Authorised Representative and the workmen/employees (Aadhar card/pan card/etc.)
- Affidavit
- Salary statement of the workmen/employees
- Bank statements of the workmen/employees
- Break up of claim amount of the workmen/employees
- PF statement of the workmen/employees
- Appointment/Increment/Resignation Letter of the workmen/employees
- Copy of Full & Final settlement of the workmen/employees
- 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.orchid@in.ey.com

**SCHEDULE
FORM E**

PROOF OF CLAIM SUBMITTED BY AUTHORISED REPRESENTATIVE OF WORKMEN AND EMPLOYEES
(Under Regulation 9 of the Insolvency and Bankruptcy (Insolvency Resolution Process for Corporate Persons)
Regulations, 2016

Date: MMDDYYYY

To
The Resolution Professional,

[Name of the Resolution Professional]

Mr. Ramkumar S V

[Address as set out in public announcement]

C/o Orchid Pharma Limited
'Orchid Towers', #313,
Valluvar Kottam High Road,
Nungambakkam,
Chennai - 600034

From

[Name and address of the duly authorised representative of the workmen / employees]

Subject: Submission of proofs of claim.

Madam/Sir,

I, [name of authorised representative of the workmen / employees] , currently residing at [address of authorized representative of the workmen/employees] ,on behalf of the workmen and employees employed by the above named corporate debtor and listed in Annexure A, solemnly affirm and say:

1. That the above named corporate debtor was, at the insolvency commencement date, being the _____ day of _____ 20 ____, justly truly indebted to the several persons whose names, addresses, and descriptions appear in the Annexure A below in amounts severally set against their names in such Annexure A for wages, remuneration and other amounts due to them respectively as workmen or/ and employees in the employment of the corporate debtor in respect of services rendered by them respectively to the corporate debtor during such periods as are set out against their respective names in the said Annexure A.
2. That for which said sums or any part thereof, they have not, nor has any of them, had or received any manner of satisfaction or security whatsoever, save and except the following:

[Please state 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.]

Deponent

ANNEXURE

1. Details of Employees/Workmen

S. NO.	NAME OF EMPLOYEE/ WORKMAN	IDENTIFICATION NUMBER (PAN NUMBER, PASSPORT OR AADHAAR CARD)	TOTAL AMOUNT DUE (Rs.)	PERIOD OVER WHICH AMOUNT DUE

2. Particulars of how debt was incurred by the corporate debtor, including particulars of any dispute as well as the record of pendency of suit or arbitration proceedings (if any).

3. Particulars 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.

ATTACHMENTS:

- (a) Documents relied as evidence as proof of debt and as proofs of non-payment of debt.
- (b) Affidavit in the form set out in this Form E.

AFFIDAVIT

[PLEASE SUBMIT IF APPLICATION SUBMITTED BY AUTHORISED REPRESENTATIVE ON BEHALF OF WORKMEN / EMPLOYEES]

I, *[name of deponent]* , currently residing at
[insert address]

, do solemnly affirm and state as follows:

1. *[Name of corporate debtor]*
the corporate deb was, at the insolvency commencement date, being the
_____ day of _____ 20 __ , justly and truly indebted to me in the Sum of
Rs. *[insert amount of claim]*.

2. In respect of my claim of the said sum or any part thereof, I have relied on the documents 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, information and belief.

4. In respect of the said sum or any part thereof, I have not nor has any person, by my order, to my knowledge or belief, for my use, had or received any manner of satisfaction or security whatsoever, save and except the following:

[Please state 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.]

Solemnly, affirmed at *[insert place]* on _____ day, the _____ day of _____ 20____
Before me,

Notary/Oath Commissioner

Deponent's signature

VERIFICATION

I, the Deponent hereinabove, do hereby verify and affirm that the contents of paragraph _____ to _____ of this affidavit are true and correct to my knowledge and belief and no material facts have been concealed therefrom.

Verified at _____ on this _____ day of _____ 201_____

Deponent's signature