

Instructions for filling out Claim Form D

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

Ø Form D (Workman Or An Employee)

- Identity proof (Aadhar card/pan card/etc.)
- Salary statement
- Bank statements
- Break up of claim amount
- PF statement
- Appointment/Increment/Resignation Letter
- Copy of Full & Final settlement
- 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 D

PROOF OF CLAIM BY A WORKMAN OR AN EMPLOYEE

[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 workman / employee

Subject: Submission of proof of claim.

Madam/Sir,

(*Name of the workman / employee*), hereby submits this proof 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:

PARTICULARS	
1.	NAME OF WORKMAN / EMPLOYEE
2.	PAN NUMBER, PASSPORT, THE IDENTITY CARD ISSUED BY THE ELECTION COMMISSION OF INDIA OR AADHAAR CARD OF WORKMAN / EMPLOYEE
3.	ADDRESS AND EMAIL ADDRESS (IF ANY) OF WORKMAN / EMPLOYEE FOR CORRESPONDENCE

4.	TOTAL AMOUNT OF CLAIM (INCLUDING ANY INTEREST AS AT THE INSOLVENCY COMMENCEMENT DATE)	Principal		Interest (if any)	
5.	DETAILS OF DOCUMENTS BY REFERENCE TO WHICH THE CLAIM CAN BE SUBSTANTIATED.				
6.	DETAILS OF ANY DISPUTE AS WELL AS THE RECORD OF PENDENCY OR ORDER OF SUIT OR ARBITRATION PROCEEDINGS				
7.	DETAILS OF HOW AND WHEN CLAIM AROSE				
8.	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				
9.	DETAILS OF THE BANK ACCOUNT TO WHICH THE AMOUNT OF THE CLAIM OR ANY PART THEREOF CAN BE TRANSFERRED PURSUANT TO A RESOLUTION PLAN	Bank Account Number	IFSC Code	Bank Name	Other Details
10.	LIST OF DOCUMENTS ATTACHED TO THIS PROOF OF CLAIM IN ORDER TO PROVE THE EXISTENCE AND NON-PAYMENT OF CLAIM DUE TO THE OPERATIONAL CREDITOR				

Signature of workman / employee or person authorised to act on his behalf

(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:

Address of person signing:

AFFIDAVIT

I, *(name of deponent)* , currently residing at
Address:

, do solemnly affirm and state as follows:

1. *(Name of corporate debtor)* , the corporate debtor was,
at the insolvency commencement date, being the _____ day
Of _____ 20____ , justly and truly indebted to me in the sum of Rs. *(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 _____ 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