

(RS. 300 E-FRANKING/STAMP/NOATRY)

**FORM F
PROOF OF CLAIM BY ANY OTHER STAKEHOLDER**

*(Under Regulation 19 of the Insolvency and Bankruptcy Board of India
(Voluntary Liquidation Process) Regulations, 2017)*

[DATE OF SIGNING FORM-F]

To
The Liquidator
Mr. Chirag Rajendrakumar Shah
208, Ratnaraj Spring, Opp. HDFC Bank House,
Near Navnirman Co-op Bank,
Navrangpura, Ahmedabad-380009.

From
[NAME AND ADDRESS OF SHAREHOLDER]

Subject: Submission of proof of claim in respect of the voluntary liquidation of **Unit Trust of India Investment Advisory Services Limited** under the Insolvency and Bankruptcy Code, 2016

Madam/Sir,

I, **[NAME OF SHAREHOLDER]** hereby submits this proof of claim in respect of the liquidation in the case of Unit Trust of India Investment Advisory Services Limited. The details for the same are set out below:

1.	NAME OF STAKE-HOLDER (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)	NAME OF SHAREHOLDER (JOINT OR INDIVIDUAL)
2.	ADDRESS AND EMAIL OF THE STAKEHOLDER FORCORRESPONDENCE.	CURRENT ADDRESS AND EMAIL ID OF SHAREHOLDER
3.	TOTAL AMOUNT OF CLAIM, INCLUDING ANY INTEREST AS AT LIQUIDATION COMMENCEMENT AND DETAILS OF NATURE OF CLAIM	AMOUNT OF CLAIM= NO. OF SHARES HOLDING* FACE VALUE
4.	DETAILS OF HOW AND WHEN CLAIM AROSE	DATE OF ALLOTMENT

5.	DETAILS OF ANY MUTUAL CREDIT, MUTUAL DEBTS, OR OTHER MUTUAL DEALINGS BETWEEN THE CORPORATE PERSON AND THE OTHER STAKEHOLDER WHICH MAY BE SET-OFF AGAINST THE CLAIM	NOT APPLICABLE
6.	DETAILS OF ANY RETENTION OF TITLE IN RESPECT OF GOODS OR PROPERTIES TO WHICH THE CLAIM REFERS	NOT APPLICABLE
7.	DETAILS OF ANY ASSIGNMENT OR TRANSFER OF DEBT IN HISFAVOUR	NOT APPLICABLE
8.	DETAILS OF THE BANK ACCOUNT TO WHICH THE OTHER STAKEHOLDER'S SHARE OF THE PROCEEDS OF LIQUIDATION CAN BE TRANSFERRED	LATEST BANK ACCOUNT DETAILS AS FOLLOWS: BANK NAME: BANK BRANCH NAME: BANK ACCOUNT NUMBER: BANK IFSC:
9.	LIST OUT AND ATTACH THE DOCUMENTS BY REFERENCE TO WHICH THE CLAIM CAN BE SUBSTANTIATED OR WHICH CAN BE RELIED UPON IN SUPPORT OF THE CLAIM.	A) FOR PHYSICAL SHAREHOLDERS, NOTARISED COPY OF SHARE CERTIFICATE FOR DEMAT SHARES, LATEST DP ID STATEMENT. B) CANCELED CHEQUE OR LATEST BANK STATEMENT. C) COPY OF SELF ATTESTED PAN CARD and AADHAR CARD.

Signature of stakeholder or person authorized to act on his behalf: SIGNATURE OF SHAREHOLDER
(Please enclose the authority if this is being submitted on behalf of the other stakeholder)
Name in BLOCK LETTERS: NAME OF SHAREHOLDER
Position with or in relation to creditor: SHAREHOLDER
Address of person signing: ADDRESS OF SHAREHOLDER

*PAN, Passport, AADHAAR Card or the identity card issued by the Election Commission of India.

AFFIDAVIT

I, [insert full name, address and occupation of deponent to be given] do solemnly affirm and state as follows:

1. The above named corporate person was, at the liquidation commencement date, that is, the 16th day of December, 2021 and still is, justly and truly indebted to me [or to me and [insert name of co-partner], my co-partners in trade, or, as the case may be,] for a sum of Rs. _____ for _____ [AMOUNT OF CLAIM AS PER ABOVE SR.NO.3].

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 PROOF.]

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 have my partners or any of them, nor has any person, by my/our order, to my/our knowledge or belief, for my/ our 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 person and the other stakeholder 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 para _____ to _____ of this affidavit are true and correct to my knowledge and belief. Nothing is false and nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____ 201_

Deponent's signature.