

FORM CA

SUBMISSION OF CLAIM BY FINANCIAL CREDITORS IN A CLASS

(Under Regulation 8A of the Insolvency and Bankruptcy (Insolvency Resolution Process for Corporate Persons) Regulations, 2016)

From
ARUN LINGAPPA ROTE

Date
22/9/2022

VIJAY VYAYAM SHALA JAVAL,4045 ,G.NO.10 NEHARU NAGAR DEOPUR DHULE 424002

To
The Interim Resolution Professional / Resolution Professional
Rajesh Sureshchandra Sheth
Registered Address: B-55, Shatdal Society, 7th Floor, Azad Lane, Off S.V. Road, Andheri West, Near Shoppers Stop, Mumbai 400058, Maharashtra
Correspondence Address: Deloitte India Insolvency Professionals LLP, 27th Floor, Tower 3, One International Center, Senapati Bapat Marg, Elphinstone (W), Mumbai 400 013

Subject: Submission of claim and proof of claim.

Madam/Sir,

ARUN LINGAPPA ROTE, hereby submits this claim in respect of the corporate insolvency resolution process of Pancard Clubs Limited. The details for the same are set out below:

RELEVANT PARTICULARS		
1.	Name of the financial creditor	ARUN LINGAPPA ROTE
2.	Identification number of the 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)	979874422333
3.	Address and e-mail address of the financial creditor for correspondence.	VIJAY VYAYAM SHALA JAVAL,4045 ,G.NO.10 NEHARU NAGAR DEOPUR DHULE 424002, nakshatraviju@gmail.com
4.	Total amount of claim (in Rs.)	100800
5.	Details of documents by reference to which the debt can be substantiated.	MEMBERSHIP CERTIFICATE BANK STATEMENT AADHAR CARD
6.	Details of how and when debt incurred.	31 MARCH 2011
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.	NA
8.	Details of any security held, the value of the security, and the date it was given	NOT APPLICABLE
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 OF INDIA AC - 069012110000248 IFSC CODE - BKID0000690
10.	List of documents attached to this claim in order to prove the existence and non-payment of claim due	AADHAR CARD BANK STATEMENT MEMBERSHIP CERTIFICATE
11.	Name of the insolvency professional who will act as the Authorised representative of creditors of the class	Mr. Vithal Madhukar Dahake

Signature of financial creditor or person authorised to act on its behalf [Please enclose the authority if this is being submitted on behalf of the financial creditor]
Name in BLOCK LETTERS : ARUN LINGAPPA ROTE
Position with or in relation to creditor :SELF
Address of person signing : VIJAY VYAYAM SHALA JAVAL,4045 ,G.NO.10 NEHARU NAGAR DEOPUR DHULE 424002

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

DECLARATION

I, ARUN LINGAPPA ROTE, currently residing at

VIJAY VYAYAM SHALA JAVAL,4045 ,G.NO.10 NEHARU NAGAR DEOPUR DHULE 424002, do hereby declare and state as follows: -

1. Pancard Clubs Limited, the corporate debtor was, at the insolvency commencement date, being the 9th day of September 2022, actually indebted to me for a sum of Rs.100800
2. In respect of my claim of the said sum or any part thereof, I have relied on the documents specified below:
MEMBERSHIP CERTIFICATE BANK STATEMENT AADHAR CARD.
3. The said documents are true, valid and genuine to the best of my knowledge, information and belief and no material facts have been concealed therefrom.
4. In respect of the said sum or any part thereof, neither I, nor 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:
NA
5. I am not a related party of the corporate debtor, as defined under section 5 (24) of the Code.
6. I am eligible to give voting instruction to the authorized representative by virtue of proviso to section 21 (2) of the Code even though I am a related party of the corporate debtor.

Date :

Place :

(Signature of the claimant)

VERIFICATION

I, ARUN LINGAPPA ROTE the claimant hereinabove, do hereby verify that the contents of this proof of claim are true and correct to my knowledge and belief and no material fact has been concealed therefrom.

Verified at on this day of, 20.....

(Signature of claimant)

[Note: In the case of company or limited liability partnership, the declaration and verification shall be made by the director/manager/secretary/designated partner and in the case of other entities, an officer authorized for the purpose by the entity.]

[Note: After downloading the filled in Form, the Upload & Claim Button is enabled for users.]

[Note: Before clicking Upload and Claim, please make sure to upload all necessary documents. Once the claim has been uploaded, you won't be able to update any data or upload any documents.]