

THE COOPERATIVE STORE LTD (SUPER BAZAR)

CREDITOR CLAIM SUBMISSION FORM

DATE OF SUBMISSION : _____
[dd/mm/yyyy]

[Paste recent
passport size photo
of the claimant
Here]

A.	<u>CLAIMANT DETAILS</u>	
	Name of Firm/ Individual/ Company/ Proprietorship/ Agency claiming (as per original bill)	:
	Present status of the Firm/ Company/ Proprietorship/ Agency. (active/ inactive/ bankrupt)	:
	Name(s) of Proprietor / Partner(s) / Director(s) / Owner (s) at time of supply:	:
	Registered / Correspondence Address	:
	Mobile Number	:
	Email ID	:
	PAN Number (Attach copy)	:
	GSTIN (if applicable)	:
	Aadhar Number (Attach copy)	:
	Authorised Signatory (if applicable)	: Name: _____ Designation: _____ Attach bank-attested signature and photo
	<u>ATTACH:</u> (i) Copy of PAN card (ii) Copy of Aadhar card (iii) Cancelled cheque	

B.	CLAIM PARTICULARS										
	Department to which claim pertains (tick one) <input type="checkbox"/> G&T (Non-Edible) <input type="checkbox"/> G&T (Edible) <input type="checkbox"/> G & T(Processing/Spices/Packing) <input type="checkbox"/> Handloom <input type="checkbox"/> Footwear <input type="checkbox"/> RMG <input type="checkbox"/> Watches <input type="checkbox"/> Household <input type="checkbox"/> Books & Stationery <input type="checkbox"/> ITD <input type="checkbox"/> Textile <input type="checkbox"/> Cycle <input type="checkbox"/> Weights & Measurement <input type="checkbox"/> Frozen Fruits & Vegetables <input type="checkbox"/> Toys & Sports <input type="checkbox"/> Drugs <input type="checkbox"/> Furniture <input type="checkbox"/> Concessionaire Unit (Computer Super Store-Bips System Ltd) <input type="checkbox"/> Concessionaire Units(19 Parties) <input type="checkbox"/> Concessionaire/Consignors Units (Non Operative-32 parties) Others:										
	Details of Outstanding Bills: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Sr. No.</th> <th style="width:25%;">Bill No.</th> <th style="width:25%;">Date</th> <th style="width:25%;">Amount (₹)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>(Attach copies of bills and goods receipt notes / RC Nos. for each entry.)</p>			Sr. No.	Bill No.	Date	Amount (₹)				
Sr. No.	Bill No.	Date	Amount (₹)								
	Whether any payment received earlier against these bills? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	If Yes, provide details: _____										
C.	LEGAL SUCCESSOR/ LEGAL REPRESENTATIVE DETAILS (IF APPLICABLE)										
	In case of death of original claimant or incapacitation of the original claimant	:	<i>(Mention which one out of the two. If not applicable, write N/A)</i>								
	Name of Legal Successor/ Legal Representative	:									
	Relationship with deceased/ the incapacitated individual	:									
	Mobile Number	:									
	Email ID	:									
	PAN Number	:									
	Aadhar Card	:									
	<u>ATTACH:</u> (i) Death Certificate certified by First Class Magistrate (if applicable) (ii) Succession Certificate / Legal Heir Certificate certified by First Class Magistrate (if applicable)										

	(iii) Incapacitation certificate such as medical certificate or disability certificate (if applicable) (iv) PAN and Aadhar of legal successor/legal representative (v) Recent Photo of legal successor/legal representative															
D.	<u>CA CERTIFICATION</u>															
	<u>Chartered Accountant's Certificate (Mandatory) certifying:</u> The claimed amount is recoverable from Super Bazar. The same is reflected in the audited balance sheet. Claimant is legally authorised to recover <input type="checkbox"/> Attached															
E.	BANK DETAILS (For refund/payment)															
	<table border="1"> <tr> <td>Bank Name</td> <td>:</td> <td></td> </tr> <tr> <td>Branch</td> <td>:</td> <td></td> </tr> <tr> <td>IFSC Code</td> <td>:</td> <td></td> </tr> <tr> <td>Account Number</td> <td>:</td> <td></td> </tr> <tr> <td>Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current</td> <td>:</td> <td></td> </tr> </table>	Bank Name	:		Branch	:		IFSC Code	:		Account Number	:		Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current	:	
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Branch	:															
IFSC Code	:															
Account Number	:															
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current	:															
<u>UNDERTAKING</u>																
I hereby declare and undertake that:																
The information and documents submitted in this Creditor Claim Form are true, correct, and complete to the best of my knowledge and belief.																
No payment has been received earlier against the bills claimed herein.																
In case I am submitting this claim as a legal successor, I have attached the Death Certificate and Succession Certificate / Legal Heir Certificate duly certified by a First- Class Magistrate along with my ID proofs, or in the event of legal representative, I have attached incapacitation certificate (medical certificate/disability certificate) along with my ID proofs. I understand that if any part of this claim is found to be false, fictitious, or fraudulent, I shall be personally liable for all legal consequences, including prosecution and recovery of any amount wrongly paid with interest.																
Place: _____																
Date: _____ (dd/mm/yyyy)																
(Signature)																

F.	<u>LIST OF DOCUMENTS ATTACHED</u>
	Instructions for Claimants
✓	All copies must be self-attested.
✓	Photo and signature of claimant or authorised signatory must be bank-attested.
✓	Death Certificate and Succession Certificate must be certified by a First Class Magistrate (for legal successor claims).
✓	Chartered Accountant's Certificate is mandatory for all claims.
✓	Cancelled cheque of the claimant/legal successor/legal representative must be provided.
✓	Incomplete forms or forms without supporting documents will be rejected.
✓	The Official Liquidator reserves the right to seek additional documents or clarification before adjudication.
✓	Form A duly filled and self attested on stamp paper valued Rs 100/-