

**INDEMNITY BY CLAIMANT(S) & SURETIES**  
**(to be signed by claimant(s)/ Legal Heir(s) and Sureties, as applicable) legal**  
**representatives**  
**(Applicable to other than employee claims only)**

To  
The Official Liquidator,  
The Co-operative Stores Ltd.  
Super Bazar, New Delhi

I/We, the undersigned, do hereby state and indemnify the Official Liquidator of M/s The Co-operative Stores Ltd., as under:

(\*Write NA and sign across whichever is not applicable)

1. That, I Sh. \_\_\_\_\_ S/o Sh. \_\_\_\_\_ R/o \_\_\_\_\_ was supplying the goods/ rendering the services of \_\_\_\_\_ (Description of goods/ services) to M/s The Co-operative Stores Ltd. for the period \_\_\_\_\_ to \_\_\_\_\_ under the trade name. Firm/ Company Named \_\_\_\_\_ with VAT/ Service TAX/ GSTIN/ identification number \_\_\_\_\_.

Or

That, I Sh. \_\_\_\_\_ S/o \_\_\_\_\_ R/o \_\_\_\_\_ is legal heir/ claimant on behalf of Sh. \_\_\_\_\_ S/o Sh. \_\_\_\_\_ R/o \_\_\_\_\_ who was supplying the goods/ rendering the services of \_\_\_\_\_ (Description of goods/ services) to M/s The Co-operative Stores Ltd. for the period \_\_\_\_\_ to \_\_\_\_\_ under the trade name. Firm/ Company Named \_\_\_\_\_ with VAT/ Service TAX/ GSTIN/ identification number \_\_\_\_\_.

2. That the details of my/ his dues/ claim lying with M/s The Co-operative Stores Ltd. Is as follows: (relevant documents proving the claim have been submitted along with this bond)

Ref No.	Description of Claim	Pending Since	Remarks	Amount (INR)
1				
2				
3				

3. We all the undersigned claimants/ legal heirs, sureties, executors, administrators, legal representatives do hereby jointly and severally indemnify and agree at all time to keep indemnified, The Official Liquidator and The Co-operative Stores Ltd. from and against all claims that may be preferred against the The Co-operative Stores Ltd. and against all actions, proceedings, claims and demands, which the said claim or any portion thereof and against all losses, damages, costs, charges and expense that the The Co-operative Stores

Ltd. may incur or pay in consequences of The Co-operative Stores Ltd. paying/ delivering the said claim without production of legal representation.

4. That the total Amount/Value of the Claim is Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_ and Paise \_\_\_\_\_ only), after payment of which we shall be left with no future claim whatsoever on The Co-operative Stores Ltd.
5. That my/ our name, occupation, relation, address and other details are as follows: (enter details of Claimant/ Legal Heir(s) first and then details of the person acting and giving surety on behalf of claimant)

Name	Occupation	State Whether Claimant(s) / Legal Heir(s)/Sureties/executors/Administrators	Residential Address	Office Address	Relationship	Date

We undertake to notify immediately the The Co-operative Stores Ltd. of any change in our above address/es.

Date:  
Place:

**Signature**