

Notes on completing the LIQUIDATION CLAIM FORM

Claim forms must be signed. Faxes or copies will be accepted but the Liquidation Committee reserves the right to request an original at any time. Originals are preferred.

NAME and ADDRESS OF THE CLAIMANT

The CLAIMANT is the natural or legal person who has claim(s) against the Socially Owned Enterprise.

If you are a natural person please enter in this box your the full name, postal address and contact telephone number(s), fixed and mobile if possible.

If you are a legal person please enter your registered name (and any alternative names), registered postal address, telephone number and name of a contact person.

TYPE(S) and AMOUNT(S) of the CLAIM(S)

Creditors

Select the type(s) that correspond most closely to the claim(s) being made and enter the total claimed for each type. If a total is made up by more than one item (e.g. several invoices for goods), attach a separate list identifying the individual items, their values and the total as entered in the form. If it is not possible in all cases to give an accurate figure, then enter an estimated figure and describe it as an estimate.

Owners of assets

Please provide (on a separate sheet) all relevant details of the assets for which ownership is claimed (serial numbers, physical location, etc.) so that they may be physically identified. If possible, also give an estimate of the individual value of each asset.

You must provide documentary evidence to substantiate that you own the assets and say why the assets are with the Enterprise.

Ownership of the Enterprise

If you believe you are an owner of the Enterprise (e.g. a shareholder) you need to provide evidence about your ownership, in particular (i) the laws on the basis on which you acquired shares (ii) copies of registration certificates (iii) details of the value/consideration you gave for the shares (for example any investment or debt that was given for the shares, including copies of any such agreements) and proof of actual payment e.g bank transfer (iv) evidence that the shares were validly issued and that any transformation from socially-owned enterprise to joint stock enterprise was validly done

Other Claims

Please provide on a separate sheet details of any claim against the Enterprise that is not covered by any of the above categories. Where applicable, provide a value for the claim.

PLEDGES, MORTGAGES OR OTHER COLLATERAL HELD

Please provide (on a separate sheet) sufficient details of the assets over which a pledge/mortgage is claimed (serial numbers, physical location, etc.) so that they may be physically identified. If possible, also give an estimate of the individual values of each asset. State how/where the pledge is registered or recorded and dates etc

Attach copies of the agreements given by the Enterprise that substantiate the pledge, or collateral and also identify the assets given as security for sums claimed.

Confirm the amount of the claim that is secured by this pledge/collateral.

SUPPORTING EVIDENCE

Enter here a summary of the documents that you are attaching to the form in support of your claim(s). If there is insufficient space to list all the documents being attached, please use a separate sheet of paper. Please ensure that any separate paper is securely attached to the claim form

DO NOT SEND ORIGINAL DOCUMENTS – attach only copies that you have authenticated as true copies of the original documents upon which your claim is based.

STATEMENT OF TRUTH

Please ensure that this Statement is completed. Enter the name of the Claimant (the natural/legal person on whose behalf the form is completed) and the Enterprise against which the claim is made. The person signing should also give their full name and, unless the signatory is also the claimant, evidence that he or she is properly authorised to sign on behalf of the Claimant.

Warning: Any person who knowingly submits a claim that is false may be prosecuted.

August 2005

CLAIMS MONITORING (OFFICIAL USE ONLY)

(use as a separate front sheet for each claim, to be attached to the initial request for a claim form to be sent and then added to the completed claim form once received).

Enterprise name and reference

Name of applicant

Date claim form sent to applicant.

Date claim form lodged with the Liquidation Committee.

CLAIM REFERENCE NUMBER

CLAIM TYPE (coding required)

Claim received within time limit?

Preferential claim involved?

Pledge/Mortgage involved?

CLAIM REVIEWED BY: -

DATE REVIEWED

REVIEW NOTES

DATE ACKNOWLEDGEMENT OF RECEIPT OF CLAIM SENT

CLAIM VALUES:

Value per creditor claim form

Value per Enterprise records

AMOUNT proposed to Claimant and APPROVAL BY:

DATE PROPOSAL SENT

DATE OF RECEIPT OF CLAIMANT'S AGREEMENT (plus details of claimant's bank account for any payment)

Payment paid - %

Payment paid – amount

Tax withheld

DATE OF DPAYMENT