

LIQUIDATION CLAIM FORM

Ref L25

NOTE: Read attached notes BEFORE completing this form

Socially Owned Enterprise:

Liquidation commenced on:

Claim number
(KTA use only)

Closing date for receipt of claims:

NAME and ADDRESS of CLAIMANT

AMOUNT OF CLAIM

Enter total amount(s) claimed in **Euro** for each type.

If a total is made up with more than one item then attach a list showing how total is obtained.

TYPE OF CLAIM

[put X in the appropriate boxe(s)]

Creditor for:

Goods and/or services

Salaries

Loans, deposits, advances, etc

Owner of:

Assets in possession of the Enterprise

The Enterprise

Other:

Other claims

PLEDGES or other COLLATERAL HELD

Give details here of the asset(s) covered by the pledge. Attach copies of the pledge or other documents.

SUPPORTING EVIDENCE

List the copies of invoices, contracts or other written evidence which accompany this claim form.
(NB. Copies must be authenticated - **do not send original documents**)

STATEMENT OF TRUTH

I hereby confirm that the information provided in this claim form, together with the documents attached, represent a true and complete claim by¹ in respect of the Socially Owned Enterprise

Signed²: _____

Print Name of Signatory: _____

Position: _____

¹ Enter name of the Claimant

² Except where the Claimant is a natural person and signs this form personally, confirmation must be provided that the signatory is properly authorised to sign on behalf of the applicant.

WARNING: Any person who knowingly submits a claim that is false will be prosecuted.