



LIQUIDATION CLAIM FORM Non-OWNERSHIP - (PROOF OF CLAIM)

<b>SOE Name:</b>		<b>PAK SOE Ref</b>	<i>(PAK staff only)</i>
<b>Liquidation Start Date:</b>	<i>(PAK staff only)</i>	<b>Bar Date</b>	<i>(PAK staff only)</i>
<b>Name Surname:</b>	<b>Full Address:</b>	<b>Contact details</b>	<b>Bank details</b>
		Telephone:	Name
		Cell phone:	Account
		Fax no:	Swift
		e-mail:	Address

**TYPE OF CLAIM** Be aware that only one box picked for a claim form can be considered. If you have more than one claim to file, than fill up the second claim form. This form cannot be used claims regarding inclusion of workers on the 20% list.

Amount in EURO: €
Amount in other currencies:

**40.1.4 SECURED CLAIMS (mortgage, pledge, etc)**

Secured Creditor ( provide list of assets in the box below)

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Colateral data like: value; data of grant or other details of registration; validity against third parties, etc.

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**40.1.6.1**  WAGES OF EMPLOYEES LIMITED IN 3 MONTHS GROSS SALARIES

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**40.1.6.2**  EMPLOYEE CLAIMS FOR SEVERANCE PAY

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**40.1.7 UNSECURED CLAIMS**

- Claims for unpaid wages
- Borrowings
- Domestic Suppliers
- International Suppliers
- Municipal Property tax
- Tax Administration - tax on rent
- Tax Administration - corporate tax
- Tax Administration - value added tax (VAT)
- Tax Administration - presumptive tax
- Tax Administration - personal income tax
- Kosovo Pensions Savings Trust
- Electricity
- Water
- Waste
- Telecommunication and internet
- Claims - other (specify)

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**SUPPORTING EVIDENCE**

List the copies of invoices, contracts or other evidence.(NB. Beside copies of identification documents, copies of working booklet, cadastral documentations and decisions and Notifications received by the Agency and Socially Owned Enterprise - Copies must be authenticated - do not send original documents).  
**Note:** Failure to submit/ attach supporting documentation shall render your claim inadmissible, consequently it shall not be reviewed/ assessed by Liquidation Authority. This also applies to incomplete claims submitted/sent by mail.

**PREVIOUS ACTIONS/PROCEDURES UNDERTAKEN FOR REALISATION OF CLAIM**

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**STATEMENT OF TRUTH**

I hereby confirm that the information provided in this claim form, together with the documents attached, represents a true and complete claim against the above mentioned SOE.

Name \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Anyone who knowingly submits or assists the submission of a false claim will be prosecuted**