



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

(Art. 2.1.32 of the LAW ON THE REORGANIZATION OF CERTAIN ENTERPRISES AND THEIR ASSETS)

SOE Name :		PAK SOE Ref
Reorganization Start Date: (PAK staff only)	Bar Date	Claim Ref

<b>All Notices/Correspondence Regarding this Claim Should be Communicated to the Following:</b>		
Name:		Bank Name
Adress:		Account
		SWIFT
Tel.:	Cell:	Address
Fax:	e-mail:	

Other currency:

EURO €

Claim Amount:

Claim Amount:

Interest:

Interest:

Conversion rate to 1 EURO € :

### TYPE OF CLAIM

<input checked="" type="checkbox"/>	<b>Be aware that only one box marked [X] for a claim form can be considered. If you have more than one claim to file, then fill up an extra claim form.</b>
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<input type="checkbox"/>	<b>1.1.7 IF APPLICABLE, ENTITLEMENTS OF EMPLOYEES</b> under section 10 of UNMIK Regulation 2003/13 of 9 May 2003 on the Transformation of the Right of Use to Socially-Owned Immovable Property
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<input type="checkbox"/>	<b>1.1.8 SECURED CLAIM</b>	
	<b>Amount</b>	
Principal		Claim that has been properly and lawfully secured by an encumbrance on or against any Asset of the Enterprise, whether in the form of a lien, pledge, mortgage, hypothecation or other lawful security interest.
Interest		
Penalties		

Particulars of any collateral held, the value of such collateral, the date it was given and details of any registration or other action required to render the creditor's interest in the collateral valid against third parties

**1,4 UNSECURED CLAIMS FOR TAXES, AND OTHER DEBTS TO PUBLIC AUTHORITIES**

- |   |   |
|---|---|
| <input type="checkbox"/> Municipal Property tax             | <input type="checkbox"/> Tax Administration - value added tax     |
| <input type="checkbox"/> Tax Administration - tax on rent   | <input type="checkbox"/> Tax Administration - presumptive tax     |
| <input type="checkbox"/> Tax Administration - corporate tax | <input type="checkbox"/> Tax Administration - personal income tax |

**1,5 OTHER UNSECURED CLAIMS, INCLUDING FOR WAGES AND PENSIONS**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Unpaid wages                   | <input type="checkbox"/> Domestic Suppliers      | <input type="checkbox"/> Electricity    |
| <input type="checkbox"/> Kosovo Pensions Savings Trust  | <input type="checkbox"/> International Suppliers | <input type="checkbox"/> Water          |
| <input type="checkbox"/> Telecommunication and internet | <input type="checkbox"/> Waste                   | <input type="checkbox"/> Claims - other |
| <input type="checkbox"/> Borrowings                     |  |   |

**DESCRIPTION OF THE NATURE OF THE ALLEGED CLAIM**

*How and when the Claim arose. Specify whether the Claim is directed against a particular asset of the SOE or whether the Claim requires the Enterprise to perform a particular obligation other than the payment of money to the claimant.*

**SUPPORTING EVIDENCE**

*List the copies of invoices, contracts or other evidence.(Copies must be authenticated -DO NOT- send original documents)*

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

**ANY OTHER RELEVANT INFORMATION IN RELATION TO THE CLAIM THAT THE ALLEGED CREDITOR DESIRES TO SUBMIT**

**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**