



LIQUIDATION OWNERSHIP CLAIM FORM - (PROOF OF INTEREST)

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

Name Surname:	Full Address:	Contact details	Bank details
		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

CLAIMANTS CLAIM:

40.1.5 CLAIMS BASED ON THE OWNERSHIP OF SPECIFIC ASSETS OF SOE INCLUDING REAL ASSETS

OWNERSHIP CLAIM OF ASSET (provide list of assets in the box below)

40.1.8 OWNERSHIP CLAIM OF THE ENTERPRISE

OWNER

SHAREHOLDER

FOUNDERS

PARTICIPANT

PARTNER

PREVIOUS ACTIONS/PROCEDURES UNDERTAKEN FOR REALISATION OF CLAIM

SUPPORTING EVIDENCE

List the copies of decisions, 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, and consequently it shall not be reviewed/ assessed by Liquidation Authority. This also applies to incomplete claims submitted / sent by mail.

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