

LIQUIDATION OWNERSHIP CLAIM FORM - (PROOF OF INTEREST)

SOE Name : Liquidation Start	t Date:	(РАК	staff only)	Bar Date	(PAK sto		AK SOE Ref		
Name Surname:	Ful	ll Address:	Contact details				Bank details		
				Telephone:		Na	me		
				Cell phone:		Acco	unt		
				Fax no:		S	vift		
				e-mail:		Add	ess		
Be	aware tł	nat only one box	picked for	<u>a claim form can be con</u>	sidered. If you have	<u>more than one</u>	Amoun	tin FURO. f	

TYPE OF CLAIM claim to file, than fill up the second claim form. This form cannot be used claims regarding inclustion of workers on the 20% list.

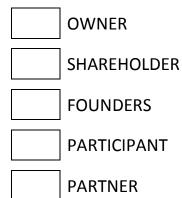
Amount in EURO: €
Amount in other currencies

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



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: _____

Signature:

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

Date: _____

Position: