

**CLAIM FORM**

**NOTE: Read attached notes BEFORE completing this form**

Claim number  
(KTA use only)

**RESPONDENT (person against which the claim is being made)**

**KTA**

**Socially/Publicly Owned Enterprise (enter name)**

Select only ONE box

OR

**NAME and ADDRESS of CLAIMANT**

**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

**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.

  
  
  

**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 by .....<sup>1</sup>in respect of the Respondent noted above

Signed<sup>2</sup>: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_

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

<sup>1</sup> Enter name of the Claimant

<sup>2</sup> 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.**