Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of Commencement of CIRP: 22.01.2024; List of Creditors as on: 08.02.2024 (Version 1) Annexure-9

SI No. Total Z Z Name of Creditor Z NE Identification No. Z NE receipt Date of **Date of Claim received** Z Z Claimed Amount Z NIL claim Amount of admitted Lis of Other Creditors, if any (Other than financial Creditors and operational creditors) claim Z Z Nature of Amount covered Amount 0 Z Z interest by security **Details of Claims Admitted** Z Z guarantee covered by party? related Whether CoC Z Z share in % of voting NIL Amount of contingent claim Z N that may be set Amount of any mutual dues, off 0 Z NIL Amount of claim not admitted Z NE Verification Claim under Amount of Z NIL Remarks, any

For Four Care Hospital Private Limited (Under CIRP)

(Under CIRP)

Authorised Signatory
IRP/RP