



STATEMENT OF CLAIM

DO NOT COMPLETE
Internal references:

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1. Enter

Fields marked with * are mandatory

I, the undersigned

Surname, first name,
occupation and place of
residence / headquarter
of the declarant*:

Telephone number*:

Email*:

If the declarant is a company, the declaration must be made in the company's name and signed by a person authorised to represent the company.

hereby request admission to liabilities*.

Privileged(privilégié) /

Unsecured (chirographaire)

of the*: bankruptcy / liquidation

for the amount of*:

on behalf of*:

according to attachments.

State the reason for the claim (loan, delivery of goods, rent, wages, etc.). Attach a detailed statement of account to the declaration, together with the vouchers or documents supporting the claim.

2. Signature

Les champs marqués d'un * sont obligatoires

I affirm that this claim is true and sincere.

I request that any payments be made to the following

IBAN account:

with the bank:

Place*:

Handwritten
signature or
qualified digital
signature*:

Date*:

NOT TO BE COMPLETED - RESERVED FOR THE JUGE COMMISSAIRE AND THE OFFICIAL RECEIVER

Recognised as a privileged(privilégié) liability in the amount of:

Admitted to unsecured (chirographaire) liabilities in the amount of:

Luxembourg, on*:

Juge – commissaire:

The Official
Receiver*: