

# Notification of claim in connection with insolvency proceedings

**Case number:**  
**Insolvency proceedings for the estate of**

**Insolvency administrator:**

***IMPORTANT:*** Only this notification schedule should be used. You must submit two copies of the schedule and attachments. Experience shows that other forms of notification lead to errors, time-consuming queries and in some cases loss of legal rights.

Explanations are given in the attached information sheet.

<p><b>Creditor:</b>                  (Exact name of creditor including postal address; in the case of companies, name of legal representative). Please provide supplementary information where necessary.</p>          <p><b>Bank details (IBAN and BIC)</b></p>	<p><b>Creditor representative:</b>                  (You are free to instruct a lawyer. The power of attorney must specifically cover insolvency proceedings).</p>          <p><b>Bank details (IBAN and BIC)</b></p>
<p><b>1. Principal claim with ranking in accordance with § 38 of the Insolvency Act (InsO)</b>                  (estimate where necessary)</p>	<p>Euro</p>
<p><b>Interest</b> of..... % on Euro..... from .....                  to date of opening of insolvency proceedings</p>	<p>Euro</p>
<p><b>Costs</b> (incurred prior to opening of insolvency proceedings)</p>	<p>Euro</p>
<p><b>Total amount claimed:</b></p>	<p>Euro</p>
<p><b>Reason for claim</b></p> <p><input type="checkbox"/> Reason for claim: _____                  (e.g. delivery of goods, rent, loan, compensatory damages, repair services, wages, salaries etc)</p> <p><input type="checkbox"/> Claim based on intentional tort.                  Circumstances indicating that the claim is one based on intentional tort by the debtor are described in the attached schedule.</p>	
<p><b>Preferential settlement of claims</b>                  is hereby applied for together with a claim in case of loss.</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes, reason (attach as appendix where necessary):</p>	
<p><b>The following documents are attached to support the claim:</b></p> <p><input type="checkbox"/> judgement    <input type="checkbox"/> enforcement order    <input type="checkbox"/> bill of exchange    <input type="checkbox"/> cheque    <input type="checkbox"/> invoice    <input type="checkbox"/> contract                  (please also provide one copy, if possible)</p> <p><input type="checkbox"/> _____ dated _____ <input type="checkbox"/> original    <input type="checkbox"/> copy</p>	

<b>2. Principal claim with ranking in accordance with § 38 InsO</b> (estimate where necessary) (Each further claim must be shown separately in an appendix following the same format)	Euro
<b>Interest</b> of..... % on Euro..... from..... to date of opening of insolvency proceedings	Euro
<b>Costs</b> (incurred prior to opening of insolvency proceedings)	Euro
<b>Total amount claimed:</b>	<b>Euro</b>
<b>Reason for claim</b>	
<input type="checkbox"/> Reason for claim: _____ (e.g. delivery of goods, rent, loan, compensatory damages, repair services, wages, salaries etc) <input type="checkbox"/> Claim based on intentional tort. Circumstances indicating that the claim is one based on intentional tort by the debtor are described in the attached schedule <input type="checkbox"/> judgement <input type="checkbox"/> enforcement order <input type="checkbox"/> bill of exchange <input type="checkbox"/> cheque <input type="checkbox"/> invoice <input type="checkbox"/> contract (please also provide one copy if possible) <input type="checkbox"/> _____ dated _____ <input type="checkbox"/> original <input type="checkbox"/> copy	
<b>Subordinated claims (§ 39 InsO)</b>	
These claims may only be notified if the court has specifically requested notification (§ 174 (3) InsO). The appropriate legal rank should be ticked. From rank 3 and below, interest and costs must be stated separately and attributed to the principal debt (see. § 39 (3) InsO).	
1. <input type="checkbox"/> rank pursuant to § 39 (1) no. 1 InsO	Euro
2. <input type="checkbox"/> rank pursuant to § 39 (1) no. 2 InsO	Euro
3. <input type="checkbox"/> rank pursuant to § 39 (1) no. 3 InsO	Euro
4. <input type="checkbox"/> rank pursuant to § 39 (1) no. 4 InsO	Euro
5. <input type="checkbox"/> rank pursuant to § 39 (1) no. 5 InsO	Euro
6. <input type="checkbox"/> rank pursuant to § 39 (2) InsO	Euro
Interest (§ 39 (3) InsO) relating to ranks 3 – 4 – 5 – 6	Euro
Costs (§ 39 (3) InsO) relating to ranks 3 – 4 – 5 – 6	Euro
<b>Total of subordinated claims</b>	<b>Euro</b>

.....  
(Place)                      (Date)

.....  
(signature and  
company stamp where appropriate)

**Please always submit two copies of this notification and of all other documents directly to the administrator.**

**Please take note of the guidance given in the attached leaflet relating to the notification schedule.**