

Proof of debt form

Claim to Insolvency case:

(Name of debtor) (Local court and reference number)

BACK TO:
Herr Rechtsanwalt
Böhme Oelbermann
c/o B+O Böhme Götz Geske
Hinüberstr. 4
30175 Hannover

Please always file this form and all other documents in DOUBLE copy.

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|--|--|
| <p>Creditor</p> <p>Name:.....</p> <p>Adress:.....</p> <p>City/Postcode:.....</p> <p>Land:.....</p> <p>Phone/Fax:.....</p> <p>E-Mail:.....</p> <p>(Name, first name/company name as registered with commercial registration, exact address, telephone number, reference)</p> <p><u>Bank of creditor:</u></p> <p>IBAN:.....</p> <p>Bank:..... BIC:.....</p> | <p>Creditor representative</p> <p>Name:.....</p> <p>Adress:.....</p> <p>City/Postcode:.....</p> <p>Land:.....</p> <p>Phone/Fax:.....</p> <p>E-Mail:.....</p> <p>Authorizations enclosed / to be subsequently filed (The authorization must explicitly be extended to the insolvency case)</p> <p><u>Bank of creditor representative:</u></p> <p>IBAN:.....</p> <p>Bank:..... BIC:.....</p> |
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Each independent claim has to be filed separately. If not enough space on this form, further claims are to be attached in following apportionment:

| | 1. Main claim | 2. Main claim |
|--|---------------|---------------|
| Main claim in rank of § 38 (if necessary approx.) | | |
| Contained sales tax: to 1.).....to 2.)..... | | |
| Interest , not succeeding opening day | | |
| 1.)% of €.....since..... | | |
| 2.)% of €.....since..... | | |
| Costs , originating before opening day | | |
| Contained sales tax: to 1.).....to 2.)..... | | |
| Sum | | |

Secluded fulfillment by simultaneous file of loss claim
 yes, see attachment for statement No

Reason and detail of claim
 delivery of goods, rent, loan, repair, wage, bill of exchange, compensation,
.....

As attachment of which the claims resume the following is enclosed (if possible in 2 copies):

.....
 (city, date) (Signature/Stamp)