

**NAME OF COMPANY:** \_\_\_\_\_

**TRADING NAME (IF ANY):** \_\_\_\_\_

**ACN:** \_\_\_\_\_

(Name) \_\_\_\_\_

Of (Address) \_\_\_\_\_

a creditor of the abovenamed company appoint (name of person attending or chairperson) \_\_\_\_\_

or in their absence (name of alternative person attending or chairperson) \_\_\_\_\_ as **\*general** / **\*special**  
(\*Circle **general** to permit proxy to vote as they choose or circle **special** to direct proxy to vote per instructions as circled below.)

proxy to vote at the meeting of creditors to be held on or about (date) \_\_\_\_\_

at (time) \_\_\_\_\_, or at any adjournment of that meeting.

**\*Circle Your Vote**

Yes/No/Abstain

Yes/No/Abstain

\_\_\_\_\_  
Signature and/or Company Seal

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print Name

I/we authorise the person appointed as proxy detailed above to represent me/us on the committee of inspection if elected.

**COMPLETE BELOW ONLY IF CREDITOR IS A BANK OR SECURED CREDITOR**

I am a secured creditor and the total amount owed to me after deducting the value of my security is \$\_\_\_\_\_

**COMPLETE BELOW ONLY IF CREDITOR IS BLIND - Certificate of Witness**

This certificate is to be completed only where the person giving the proxy is blind or incapable of writing. The signature of the creditor must not be witnessed by the person nominated as proxy.

I \_\_\_\_\_ of \_\_\_\_\_ certify that the above instrument appointing a proxy was completed by me in the presence of and at the request of the person appointing the proxy and read to him before he attached his signature or mark to the instrument.

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of witness: \_\_\_\_\_

Please return by fax 02 8262 9300 or mail to Crouch Amirbeaggi, Suite 403, 55 Lime Street, King Street Wharf, Sydney, NSW 2000. Proxies must be received at least 48 hours prior to the meeting. Any enquiries, please telephone 02 8262 9333.