
APPOINTMENT OF PROXY

Company Name:

ACN:

Trading As:

1. FULL NAME OF CREDITOR

I/We Phone:
of
a creditor of

2. APPOINTMENT OF PROXY

Appoint name of person to hold proxy

Phone:

OR, in his or her absence

Name of alternative person to hold proxy (for example the Chairman)

Phone:

as my/our proxy to vote at the meeting of creditors to be held on , or at any adjournment of that meeting as follows:

generally as he or she determines on my/our behalf

OR specifically in accordance with the following special instructions:
(insert instructions)

3. AUTHORISED SIGNATURE OF CREDITOR APPOINTING PROXY

Please write your name, position held, sign and date:

NOTE: In the case of a corporate entity, this instrument must be executed by a person authorised to act on behalf of the entity.

Name:

Position held:

Signature Date

4. WITNESS FOR BLIND CREDITORS ONLY

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 or her before he or she signed or marked the proxy form.

Signature of Witness _____ Date ____/____/____