

NAME OF COMPANY: _____

ACN: _____

To the Administrator/Liquidator

1. This is to state that the company was on ___/___/2___ and still is, justly and truly indebted to

(Name) _____

Of (Address) _____

in the sum of (Amount) \$ _____ dollars.

Particulars of the debt are:

Date	Consideration <small>(state how the debt arose)</small>	Amount <small>(incl GST if applicable)</small>	Remarks <small>(include details of voucher substantiating payment)</small>

(Attach invoices/statements, or details of goods delivered/services rendered/employee entitlements)

2 To my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any satisfaction or security for the sum or any part of it except for the following: *(insert particulars of all securities held. If the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, show them in a schedule in the following form).*

Date	Drawer	Acceptor	Amount	Due Date
			\$ c	

*3. I am employed by the creditor and authorised in writing by the creditor to make this statement. I know that the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

*3. I am the creditor's agent authorised in writing to make this statement in writing. I know the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

DATED ___/___/___
 Signature: _____
 Occupation: _____
 Telephone: _____
 Email: _____
 ABN: _____

I would like to receive future Reports & Notices of Meetings via email rather than by ordinary post. Yes No

*Do not complete if this proof is made by the creditor personally. If you represent an employee/employees of the company, you are required to complete a Form 536 Formal Proof of Debt on Behalf of Employees. Please contact this office to obtain a copy.

Please return completed form by fax 02 8262 9300 or mail to Crouch Amirbeaggi, Suite 403, 55 Lime Street, King Street Wharf, Sydney, NSW 2000. Any enquiries, please telephone 02 8262 9333.

Office Use Only			
File No.		Accepted	\$
Processed By:		Rejected	\$
Date Processed		Under Consideration	\$
		Date Sent :	