

FORM 535 – FORMAL PROOF OF DEBT OR CLAIM

Please select the relevant Company, your claim relates to:

COMPANY	ACN	SELECT (please tick)
AMD2Clear Pty Ltd	668 243 365	
H2O Clear Pty Ltd	660 218 896	
Petra Solid Pty Ltd	669 249 414	
Reforme Precious Metals Pty Ltd	658 671 599	
Solvictus Pty Ltd	671 322 633	
Surface Technologies Pty Ltd	671 195 618	
Territory Crushing Pty Ltd	640 973 324	
West Water Development Pty Ltd	668 703 731	

(All in Liquidation)

To the Liquidators of the above Companies (all in liquidation)

1. This is to state that the Company was on **30 December 2025** and still is, justly and truly indebted to:

(full name, ABN and address of the creditor and, if applicable, the creditor's partners)

for \$ (dollars and cents)

Particulars of the debt are:

Date	Consideration	Amount (\$/c)	Remarks
(state how the debt arose)			(include details of voucher substantiating payment)

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 (\$/c)	Due Date

3. Signed by (select correct option):

- I am the creditor personally
- 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
- 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.

Signature:

Dated:

Name:

Occupation:

Address:

* If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor

RECEIVE REPORTS BY EMAIL	YES	NO
Do you wish to receive all future reports and correspondence from our office via email?	<input type="checkbox"/>	<input type="checkbox"/>
Email:		