

FORM 535 – FORMAL PROOF OF DEBT OR CLAIM

CX LAVENDER PTY LTD ACN 079 608 709
CX LAVENDER GROUP PTY LTD ACN 679 074 910
CXTX PTY LTD ACN 626 972 825

(ALL ADMINISTRATORS APPOINTED) (TOGETHER, “THE COMPANIES”)

To the Administrators of the Companies:

Note: Please tick only **one** Company that you are a creditor of (if you are a creditor of more than one Company, you must complete a new Formal Proof of Debt for the other Company/s).

Schedule A

Company name	ACN	Tick only ONE
CX Lavender Pty Ltd	ACN 079 608 709	☐
CX Lavender Group Pty Ltd	ACN 679 074 910	☐
CXTX Pty Ltd	ACN 626 972 825	☐

This is to state that the Company was on 23 March 2026, 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)

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
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.....

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?	☐	☐
Email:		

If being used for the purpose of voting at a meeting:

- a) Is the debt you are claiming assigned to you? ☐ Yes ☐ No
- b) If yes, attach written evidence of the debt, the assignment and consideration given. ☐ Attached
- c) If yes, what value of consideration did you give for the assignment (eg, what amount did you pay for the debt?) \$
- d) If yes, are you a related party creditor of the Company?
(If you are unsure contact the Administrator) ☐ Yes ☐ No