

FORM 535 – FORMAL PROOF OF DEBT OR CLAIM
HSF FRESH FOOD HOLDING PTY LTD ACN 638 495 673
AND THE ENTITIES AS LISTED IN SCHEDULE 1
(TOGETHER “THE COMPANIES”) (ALL ADMINISTRATORS APPOINTED)

To the Administrators of HSF Fresh Food Holding Pty Ltd ACN 638 495 673 and the entities listed in Schedule 1 (together, “the Companies”) (All Administrators Appointed):

1. This is to state that the Company was on 14 June 2024, and still is, justly and truly indebted to:

Creditor name:

Address:

Amount \$

Select **one (1)** Company that applies. 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 1

Company name	ACN	ABN	Tick only ONE
HS Fresh Food Holding Pty Ltd	638 495 673	78 638 495 673	☐
HS Fresh Farms Pty Ltd	638 495 664	76 638 495 664	☐
HS Fresh Food Pty Ltd	638 495 655	74 638 495 655	☐
HS Salads Pty Ltd	640 565 966	68 640 565 966	☐

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
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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?	☐	☐
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