Insolvency Practice Rules, 75-25

Corporations Act 2001

FORM - APPOINTMENT OF PROXY

HS FRESH FOOD HOLDING PTY LTD ACN 638 495 673
AND THE ENTITIES AS LISTED IN SCHEDULE 1

(TOGETHER "THE COMPANIES") (ALL ADMINISTRATORS APPOINTED)

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 Appointment of Proxy 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	☐

I/We _____*(name of signatory)*

of _____ *(creditor name)*

a creditor of the Company, appoint _____*(name of proxy)*

of _____ *(address of proxy)*

or in his/her absence _____ *(details of alternate proxy)*

as my/our ☐ general proxy or ☐ special proxy to vote at the meeting of creditors to be held on **Wednesday 26 June 2024 at 2:00PM (AEST)**or at any adjournment of that meeting.

Voting instructions - for special proxy only	**For**	**Against**	**Abstain**
Resolution			
1. To appoint a committee of inspection.	☐	☐	☐
2. To remove the Administrators and appoint someone else as administrator(s) of the above Companies.	☐	☐	☐

*I/*We authorise *my/*our proxy to vote as a general proxy on resolutions other than those specified above (delete if not required)

Dated: .....

....

Name and signature of authorised person Name and signature of authorised person

CERTIFICATE OF WITNESS – only complete if the person given the proxy is blind or incapable of writing.

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 before he attached his signature or mark to the instrument.

Dated: ..... Signature of witness: .....

Description: ..... Place of residence: .....