

## Creditors Claim Form – for voting purposes only

### Noni B Holdings NZ Limited (Administrators Appointed) (Receivers Appointed) Company number 6891755 (“the Company”)

| <b>NAME AND POSTAL ADDRESS OF CREDITOR IN FULL:</b><br>.....<br>.....<br>.....<br>Principal Contact: .....<br>E-mail Address: .....<br>Telephone Number: .....<br>My Reference is: .....<br>(if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | * Any personal information collected is for the purpose of administering the claims in accordance with the Companies Act 1993.<br><br>The information will be used and retained FTI Consulting, Level 22, 1 Macquarie Place, SYDNEY NSW 2000 and will be released to other parties only with your authorisation or in compliance with the Privacy Act 1993.<br><br>You may have access to and request correction of any personal information.<br>(* Not applicable if creditor is not an individual entity within the meaning of the Privacy Act 1993)                                       |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|---------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------|--------------------------|
| <b>NAME OF COMPANY IN ADMINISTRATION: Noni B Holdings NZ Limited (In Administration) (Receivers Appointed)</b><br><br>I, (Name) .....<br>.....<br>(If claim is made on behalf of creditor, specify relationship to creditor and authority) claim that the Company was at the date it was put into voluntary administration indebted to the above named creditor for the sum of (Amount in words and figures):<br>.....<br>\$.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 80%;">STATUS OF CLAIM:</th> <th style="text-align: right; width: 20%;">TICK</th> </tr> </thead> <tbody> <tr> <td>1 I hold no security for the claimed amount</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>2 I hold a security interest in respect of certain assets of the Company and I attach supporting documents in respect of such claimed security interest</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>3 I am surrendering the security I hold and I am claiming as an unsecured creditor</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>4 I am making a preferential claim<br/>(refer details below of this form)</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Full particulars of the claim are set out, and any supporting documents that substantiate the claim, are identified on the reverse of this form.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STATUS OF CLAIM: | TICK | 1 I hold no security for the claimed amount | <input type="checkbox"/> | 2 I hold a security interest in respect of certain assets of the Company and I attach supporting documents in respect of such claimed security interest | <input type="checkbox"/> | 3 I am surrendering the security I hold and I am claiming as an unsecured creditor | <input type="checkbox"/> | 4 I am making a preferential claim<br>(refer details below of this form) | <input type="checkbox"/> |
| STATUS OF CLAIM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
| 1 I hold no security for the claimed amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
| 2 I hold a security interest in respect of certain assets of the Company and I attach supporting documents in respect of such claimed security interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
| 3 I am surrendering the security I hold and I am claiming as an unsecured creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
| 4 I am making a preferential claim<br>(refer details below of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
| <b>SIGNATURE:</b><br><br>Signature: ..... Name: .....<br><br>Date: .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |
| <b>Received<br/>(Date Stamp)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="background-color: #f0f0f0; padding: 10px;"> <b>RESERVED FOR OFFICE USE:</b><br/><br/>           Claim admitted/rejected for voting purposes: Signed: ..... Date: .....<br/>           (Delete one)<br/><br/>           Claim Rejected for Payment: Signed: ..... Date: .....<br/><br/>           Or<br/><br/>           Claim Admitted for distribution under DOCA (if applicable):<br/><br/>           Preferential Claim for \$: ..... Ordinary Claim for \$: ..... Deferred claim for \$: .....<br/><br/> <b>Deed Administrator:</b> Signed: ..... Date: .....         </div> |                  |      |                                             |                          |                                                                                                                                                         |                          |                                                                                    |                          |                                                                          |                          |

| PARTICULARS OF CLAIM |                                                                                                                                                                                                                                                          |              |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Date                 | Details of Claim and Identification of Documents that Evidence or Substantiate the Claim                                                                                                                                                                 | Amount<br>\$ |
|                      | <p><i>If applicable, less any purchase money security interests in relation to goods supplied by creditor to the company</i></p> <p><i>[Describe goods]</i></p> <p><i>If applicable, less debts owed by creditor to the company [Describe goods]</i></p> |              |

**PREFERENTIAL CLAIMANTS ONLY**

The Seventh Schedule of the Companies Act 1993 sets out those claims which are regarded as preferential and shows their extent and order of priority.

1. Are you claiming the full amount of your claim as preferential? Yes / No
2. If no, what part of the claim is preferential? \$ .....
3. Why do you believe you are a preferential creditor?  
(e.g. Employee, IRD, NZ Customs).....
4. Details of your claim: .....

If applicable please record here your GST Registration number: .....

And total GST included in your claim: .....