FORM 535 – FORMAL PROOF OF DEBT OR CLAIM

IMPACT SPECS PTY LTD (IN LIQUIDATION)

ACN 614 365 258 ("THE COMPANY")

To the Liquidators of Impact Specs Pty Ltd (In Liquidation) ACN 614 365 258 ("the Company")

	to state that the Company was on 17				
	full name, ABN and address of the creditor and, if applicable, the creditor's partners) for \$				
for \$.					
Partic					
Dat	e Consideration	Amount (\$/c)	Remarks		
	(state how the debt arose)		(include details of vou	cher substantiatii	ng payment)
•	o my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any satisfaction or security or the sum or any part of it except for the following:				
	particulars of all securities held. If the securities are on the property of the company, assess the value of those securities. If any other negotiable securities are held, show them in a schedule in the following form).				
Dat	e Drawer	Acceptor	Amount (\$,	/c) D	ue Date
□ ir □	am the creditor personally am employed by the creditor and authorured for the consideration stated an am the creditor's agent authorised in the consideration stated and that the debt,	nd that the debt, to the b	est of my knowledge and ement in writing. I know t	belief, remains u he debt was incu	npaid and unsatisfied rred for the
ignature: Dated:			Dated:		
Name:			Occupation:		
	ed by an employee or agent of the crec				
RECEIVE	REPORTS BY EMAIL			YES	NO
Do you w	rish to receive all future reports and co	rrespondence from our o	office via email?		
Email:					
f being use	ed for the purpose of voting at a meeti	ing:			
a) Is th	ne debt you are claiming assigned to yo	ou?		☐ Yes	□ No
b) If ye	es, attach written evidence of the debt	the assignment and cor	nsideration given.	☐ Attached	
	es, what value of consideration did you pay for the debt?)	give for the assignment	(eg, what amount did	\$	
	rs, are you a related party creditor of the vou are unsure contact the Liquidators			☐ Yes	□ No

Our Ref.: 485873.0005-9-2