Insolvency Practice Rules, 75-25

Corporations Act 2001

FORM - APPOINTMENT OF PROXY

IMPACT SPECS PTY LTD (ADMINISTRATORS APPOINTED) ACN 614 365 258

("THE COMPANY")

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 22 December 2021 at 10:00AM (AEST) or at any adjournment of that meeting.

If a special proxy, specify how you wish your proxy to vote for each resolution:

Voting instructions - for special proxy only	For	Against	Abstain
Resolution			
1. Future of the Company (only vote for **one** of the below options)			
The Administration should end.	☐	☐	☐
The Company be wound up.	☐	☐	☐
2. The second meeting of creditors be adjourned for a period not exceeding forty-five (45) business days.	☐	☐	☐
3. Voluntary Administrators' Remuneration			
The remuneration of the Voluntary Administrators of Impact Specs Pty Ltd (Administrators Appointed) ACN 614 365 258, their partners and staff, for the period 17 November 2021 to 5 December 2021 (inclusive), calculated at the hours spent at the rates detailed in the FTI Consulting Standard Rates (Corporate Finance & Restructuring Effective 1 July 2021), is approved for payment in the amount of $25,291.00, (exclusive of GST), to be drawn from available funds immediately or as funds become available	☐	☐	☐
The remuneration of the Voluntary Administrators of Impact Specs Pty Ltd (Administrators Appointed) ACN 614 365 258 , their partners and staff, for the period 6 December 2021 to 21 December 2021 (inclusive), calculated at the hours spent at the rates detailed in the FTI Consulting Standard Rates (Corporate Finance & Restructuring Effective 1 July 2021), is approved for payment in the amount of $25,300.00, (exclusive of GST), to be drawn from available funds immediately or as funds become available	☐	☐	☐

*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: .....