

FORM - APPOINTMENT OF PROXY

**ACN 631 559 076 PTY LTD (FORMERLY ROBERTS CO (INTERIORS) PTY LTD) (ADMINISTRATORS
APPOINTED) ACN 631 559 076
("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 **Monday, 30 June 2025 at 2:00pm (AEST)** or at any adjournment of that meeting.

Voting instructions - for special proxy only

No.	Resolution	For	Against	Abstain
	Future of the Company (only vote for one of the below)			
1	a. That the Company execute a deed of company arrangement; or	☐	☐	☐
	b. That the administration should end; or	☐	☐	☐
	c. That the Company should be wound up.	☐	☐	☐
2	The future remuneration of the Deed Administrators of the Pooled DOCA and their staff, for the period from the execution of the DOCA to effectuation of the DOCA, is determined at a sum equal to the cost of time spent by the Deed Administrators and their staff, calculated at the hours spent at the rates detailed in the Remuneration Report dated 23 June 2025 provided to creditors, up to a capped amount of \$500,000.00 (exclusive of GST), and the Deed Administrators can draw the remuneration from available funds as time is incurred on a monthly basis or as funds become available.	☐	☐	☐
3	The future remuneration of the Trustees and their staff, for the period from the commencement of the creditors trust to the final distribution and closure of the trust, is determined at a sum equal to the cost of time spent by the Creditor Trustees' and their staff, calculated at the hours spent at the rates detailed in the Remuneration Report dated 23 June 2025 provided to creditors, up to a capped amount of \$1,000,000.00 (exclusive of GST), and the Creditor Trustees' can draw the remuneration from available funds as time is incurred on a monthly basis 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

CERTIFICATE OF WITNESS – only complete if the person giving 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 this instrument.

Dated: Signature of witness:

Description: Place of residence: