Insolvency Practice Rules, 75-25

Corporations Act 2001

FORM - APPOINTMENT OF PROXY

XL EXPRESS GROUP (ALL ADMINISTRATORS APPOINTED)

("THE COMPANIES")

I/We _____*(name of signatory)*
of _____ *(creditor name)*
a creditor of:

Company	ACN	ABN	Tick only ONE
XL Express (Operations) Pty Ltd	069 414 919	29 069 414 919	☐
XL Express (Distribution) Pty Ltd	059 663 124	83 059 663 124	☐
XL Express Pty Ltd	098 743 901	54 098 743 901	☐
Express Regional Distribution Pty Ltd	068 423 067	37 068 423 067	☐
XL Express (Services) Pty Ltd	075 030 974	22 075 030 974	☐
XL Express (Holdings) Pty Ltd	600 006 979	23 600 006 979	☐
A.C.N. 059 888 023 Pty Ltd (formerly XL Express Management Pty Ltd)	059 888 023	12 059 888 023	☐
XL Express (Staffing) Pty Ltd	069 414 839	99 069 414 839	☐
XL Express (Personnel) Pty Ltd	097 597 272	28 097 597 272	☐
XL Express (Corporate) Pty Ltd	600 006 782	80 600 006 782	☐
XL Express (Linehaul) Pty Ltd	147 805 687	65 147 805 687	☐
Australian Linehaul Express Pty Ltd	114 837 428	66 114 837 428	☐
XL Express (WMH) Pty Ltd	059 629 300	40 059 629 300	☐
XL Express (Management) Pty Ltd	638 229 099	63 638 229 099	☐
XL Express (Logistics) Pty Ltd	633 789 134	80 633 789 134	☐
XL Logistics Pty Ltd	132 439 064	N/A	☐
TL Distribution Pty Ltd	638 229 106	N/A	☐

I/we, 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 9 July 2025 at 3:00pm 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. That members of the Committee of Inspection and related parties of members are entitled to enter into arms-length transactions or dealings in the ordinary course with the Administrators, Company or its creditors.	☐	☐	☐
3. To remove the Administrators and appoint someone else as administrator(s) of the above company.	☐	☐	☐

*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: .....