

**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the Administrators of Fleurieu Community Co-Operative Ltd ABN 87 721 597 524 ("the Company")

1. This is to state that the Company was on 23 September 2024, and still is, justly and truly indebted to: \_\_\_\_\_

\_\_\_\_\_ full name, ABN and address of the creditor and, if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor) for \_\_\_\_\_ dollars and \_\_\_\_\_ cents

Particulars of the debt are: \_\_\_\_\_ (Please attach any supporting documents you wish to rely on)

Date	Consideration <i>(state how the debt arose)</i>	Amount \$	Remarks <i>(include details of voucher substantiating payment)</i>

2. To my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any satisfaction or security for the sum or any part of it except for the following: \_\_\_\_\_

\_\_\_\_\_ (insert particulars of all securities held. If the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, show them in a schedule in the following form).

Date	Drawer	Acceptor	Amount \$	Due Date

3. Signed by (select option):

I am the creditor personally.

I am employed by the creditor and authorised in writing by the creditor to make this statement. I know that the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

I am the creditor's agent authorised in writing to make this statement in writing. I know the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

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Do you wish to receive all future reports and correspondence from our office via email?	<input type="checkbox"/>	<input type="checkbox"/>
Email:.....		