Unsecured Creditors Claim Form

Only to be completed if creditors have not already filed a claim with the Administrators

Name of creditor: Postal address: Phone no: Email: Reference (if applicable)	nnd Limited (In Liquidation	administering the liqu 1993. The informatio and will be released to in compliance with th the Companies Act 19 a company in liquidati must - (a) Contain full par (b) Identify any doc claim. You may have access information. * Not applicable if credito the Privacy Act 1993.	tion collected is for the purpose of sudation in accordance with the Companies Act on will be used and retained by the liquidators of other parties only with your authorisation or the Privacy Act 1993. Under section 304(1) of 293 any claim by an unsecured creditor against ion must be made in this prescribed form and acticulars of the claim; and cuments that evidence or substantiate the to and request correction of any personal or is not an individual within the meaning of		
TWIND THEW Zeale	ina Eminera (m Enquiraction)	<i>)</i>			
I, [If claim is made on behalf of a creditor, specify relationship to creditor and authority] claim that the company was at the date it was put into liquidation indebted to the above named creditor for the sum of:					
(amount in words) (amount in figures)					
Full particulars of the claim are set out, and any supporting documents that substantiate the claim are identified, on the reverse of this form. Note : The liquidators may require the production of documents. You are not required to attach any supporting documents at this stage, but you may attach them now, if you think it would expedite the processing of the claim.					
I hold no security for the	amount claimed / I surrender my security ar	nd I am claiming as an unsecured credito	or [<mark>delete one</mark>].		
	or is /is <u>not</u> [<mark>delete one</mark>] a related entity of th		•		
The above named credito above.	or consents/does <u>not</u> consent [<mark>delete one</mark>] to	o receive documents by electronic mean	s at the address of communication specified		
Signed:		Date:	1 1		
Received	Reserved For Office Use:				
(Date Stamp)	Claim admitted for voting purposes:	Signed:	Date:		
	Claim rejected for voting purposes:	Signed:	Date:		
	Claim rejected for payment:	Signed:	Date:		
	Preferential claim admitted:	Non-preferential/ordinary claim	Deferred claim:		
	\$	admitted: \$	\$		
	Signed by Liquidator:	Signed:	Date:		
Note: If the decision to admit or reject a claim is amended, regulation 8 of the Companies Act 1993 Liquidation Regulation 1994 require that it be recorded in writing.					

Date	Details of claim and identification of documents that evidence or substantiate the claim	Amount \$		
If applicable, less Retention of Title claim for goods supplied by creditor to the company [describe goods]				
If applicable, less debts owed by creditor to the company [describe debts]				