

PROOF OF DEBT FORM

Please complete this form in block capital letters in its entirety and return it to us so that we may process your claim. The contact information will be used to send regular correspondence to you/your company which could be of a general or confidential nature.

Name of Vendor/Creditor:				
<input type="checkbox"/> Company	Full Name of company:			
<input type="checkbox"/> Individual	Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Contact Person (If Company):	Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Address:				
Street:		Apt. #:	P.O. Box:	
City:	State:	Country:	Zip Code:	
Email Address of Contact:				
Telephone Number of Contact:			Fax Number of Contact:	
Amount of Claim:				
Currency:	Amount in figures:	Amount in words:		
Summarize the basis of the claim (attach full documentation to support your claim):				
Particulars (including valuation) of any security held including a list of relevant documentation:				
<p>IMPORTANT: Details of supporting documents required for each claim must be attached. Please Note: If you do not supply the information requested the Joint Official Liquidators may not be able to fully review your claim. This may result in the rejection of part or your entire claim. Also, the creditors may be required by notice in writing from the said Joint Official Liquidators, by his Attorney or personally, to come in and prove their said debts or claims at the office of the Joint Official Liquidators at such time as shall be specified in such notice. If in default thereof they will be excluded from the benefit of any distribution made before such debts are proved.</p>				

I/We CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I/We undertake that, I/We will notify the Joint Official Liquidators of any material changes affecting the completeness of details provided above.

I/We also hereby AUTHORISE the Joint Official Liquidators to make such enquiries and seek such further information as they think appropriate in verifying the information given in this Proof of Debt form, or in any other documents submitted as part of this claim.

Signature: _____

Date: _____