

Form 535

Subregulation 5.6.49(2)

Corporations Act 2001

FORMAL PROOF OF DEBT OR CLAIM
(GENERAL FORM)

To the Liquidator of Symbiosis Australia Pty Ltd

1. This is to state that the company was on 20 February 2023 and still is, justly and truly indebted to¹ _____ for _____ \$ (_____)

Particulars of the debt are:

DATE (include details of substantiating vouchers)	CONSIDERATION	AMOUNT	REMARKS

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:

If any bills or other negotiable securities are held show them in the following schedule:

DATE	DRAWER	ACCEPTOR	AMOUNT \$	DUE

*3. 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.

OR

*3. I am the creditor's agent authorised in writing to make this statement in writing. 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 have attached the following documents (tick as many as appropriate):

- Invoices Judgement from court Orders from company Guarantee from company Other documents
- Monthly Statements Letters of Demand Statutory Demand Credit Application Creditor's authority letters

Dated:

Signature:

Occupation:

Address:

* Delete if this proof is made by the creditor personally.

¹ Insert name and address of creditor.

Symbiosis Australia Pty Ltd (In Liquidation)

ACN 159 999 729

Notification of Bank Account Details

Creditors Full Legal Name -----

I request that all dividends for the above appointment be paid to the following bank account:

Account Name: -----

BSB Number: -----

Account Number: -----

Your reference Number: -----

For International transfers only, please provide the following additional information:

Account Name: -----

Account Holder Address: -----

Bank Name: -----

Bank Address: -----

SWIFT/BIC Code: ----- Account Number -----

Signature: ----- Date: -----

Name: -----

Email Address: -----

Please return this form to mjeffery@hplca.com.au or post to Heard Phillips Lieberenz, PO Box 3432, Rundle Mall SA 5000