Form 535

Corporations Act 2001

Subregulation 5.6.49(2)

FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the Liquidator of Uraidla Medical Pty Ltd ATF Uraidla Medical Unit Trust

Particulars of	f the debt are:									
DATE CONSIDERATION (include details of substantiating vouchers)				AMOUNT			REMARKS			
To my knowlesecurity for the	edge or belief the credit ne sum or any part of it	tor has no	t, nor has ai	ny person by g:						
If any hills or	other negotiable securit	ties are he	ld show the	m in the follo	wing sche	edule:				
il ariy bilis bi										
DATE I am employe	DRAWER	ACCE	PTOR n writing by t	he creditor to	make thi	NOUNT \$ s statementelief, remai	t I know	v that th	DUE ne debt w	as incur
DATE I am employe	DRAWER	ACCE	PTOR n writing by t	he creditor to	make thi	s statemen	t I know ns unpa	v that th	ne debt w	as incui
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¹ Insert name and address of creditor.