FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the Deed Administrators of Big Shed Brewing Concern Pty Ltd ACN 160 802 906 ("the Company") 1. This is to state that the Company was on 13 February 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 Remarks Amount (state how the debt arose) (include details of voucher substantiating payment) 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. Dated: Signature: Occupation: Address: RECEIVE REPORTS BY EMAIL Yes No Do you wish to receive all future reports and correspondence from our office via email?

Big Shed Brewing Concern Pty Ltd (Subject to a Deed of Company Arrangement) ACN 160 802 906

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