FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the Administrators of The Multiple Sclerosis Society of South Australia and Northern Territory Inc ABN 85 662 359 859 ("the Association")

	full name. ABN and a	ddress of the creditor and. if ann	licable, the creditor's partners. If pren	pared by an employee or agent of the credit
also insert a	description of the occupation of the cred			, , , ,
Particular	rs of the debt are:	(Please attach any supporting documents you		ıments you wish to rely on)
Date	Consideration (state how the debt arose)	Amount \$	Remarks (include details of	voucher substantiating payment)
-	nowledge or belief the creditor h ty for the sum or any part of it		-	had or received any satisfaction
	culars of all securities held. If the securities held, show them in a schedule in the fol		ciation, assess the value of those sec	urities. If any bills or other negotiable
Date	Drawer	Acceptor	Amount \$	Due Date
I am t I am e debt v unpai I am t	y (select option): the creditor personally. employed by the creditor and a was incurred for the considerat id and unsatisfied. the creditor's agent authorised busideration stated and that the isfied.	ion stated and that the o	debt, to the best of my knov tatement in writing. I know	vledge and belief, remains the debt was incurred for
Signature:			Dated:	
Name:		Occupation: _		
Address:	PORTS BY EMAIL			