

**Complete Disability Services SA Pty Ltd (Administrators Appointed)
ACN 647 637 572**

Appointment of Proxy

*I/*We¹ _____

of ² _____

a creditor of the above company appoint ³ _____

or in his or her absence ⁴ _____

as *my/*our *general/*special proxy to vote at the meeting of creditors to be held on 30 March 2026, or at any adjournment of that meeting *(if a special proxy add the words "to vote for" or the words "to vote against" and specify the particular resolution).*

Dated

Signature⁵

Certificate of Witness⁶

I _____, of _____, certify that the above instrument appointing a proxy was completed by me in the presence of and at the request of the person appointing the proxy and read to him or her before he or she signed or marked the instrument.

Dated

Signature of witness

Description

Place of residence

*Omit in inapplicable

¹ Name of Creditor

² Creditor's address

³ Name on Intended Proxy

⁴ Name an Alternate Proxy

⁵ Individual to sign for a sole trader, a Partner for a partnership or a Director or an Attorney or person duly authorized to sign on behalf of a company

⁶ This section is only applicable if *person giving the proxy is blind or incapable of writing*