

FORM 535
 Corporations Act 2001
 Sub-regulation 5.6.49(2)
FORMAL PROOF OF DEBT/CLAIM FORM AT DATE OF APPOINTMENT

COMPANY: _____

A.C.N: _____

CREDITOR'S NAME: _____
 (Secured or unsecured company or individual's name)

CREDITOR'S CONTACT DETAILS: _____
 (Postal Address, Phone, Fax etc)

DATE OF CLAIM	DESCRIPTION/NATURE OF CLAIM (Services, goods, loans, employee claims etc.)	NET DEBT Excl. GST (\$/c)	GST COMPONENT (\$/c)	TOTAL DEBT Incl. GST (\$/c)
	LESS: VALUE OF ASSETS SUBJECT TO SPECIFIC SECURITY			
	TOTAL AMOUNT OWED TO CREDITOR (INCLUDE CENTS)			

SUBSTANTIVE EVIDENCE ATTACHED (YES/NO): _____

(Invoices, statements, agreements etc.)

This form is to be executed (below) by the creditor or a person/representative authorised by the creditor.

 Name of Authorised Person/Creditor

 Occupation of Authorised Person/Creditor

 Signature of Authorised Person/Creditor

 Date

 Contact Details of Authorised Person/Creditor (If different from above)