UNSECURED CREDITOR CLAIM FORM For use in Liquidations (S.304(1) Companies Act 1993)

Please Fax to: 09 377 3098 or Post to: PO Box 3015, Auckland

or Email to: info@gerryrea.co.nz



NAME OF COM	PANY IN LIQUIDATION						
					(IN LIQUIDATION)		
NAME AND CON	FACT DETAILS OF CREDITOR IN FU	LL					
NAME OF CREDIT							
POSTAL ADDRESS	:						
			REFERENCE:				
TELEPHONE:			FAX NUMBER:				
EMAIL*:			GST NUMBER:				
	address for correspondence unless you tick this box	O I do not want e					
I (insert name)	,						
(if claim is made on behalf	of creditor, specify relationship to creditor and aut	hority)					
State that as at th	e date of Liquidation the above na	med Compar	ny was indebted to the abov	ve name	d creditor for the sum of: (amount in words)		
					NZ\$		
			Total GST included in you	r claim	NZ\$		
If you believe you hold a form of security, please contact the liquidator for a Secured Creditor Claim form. Alternatively, as you are claiming as an Unsecured Creditor, you must confirm either; I hold no security for the amount claimed; or I am surrendering my security and I am claiming as an unsecured creditor (Delete as applicable) If you wish to receive any dividend payments by electronic transfer, please provide the following information:							
Account Name:	eive any dividend payments by ele	Ctronic transi	rer, please provide the folio	wing inio	ormation:		
Reference: Account Number: / / / /							
Full particulars of the claim may be set out, and any supporting documents that substantiate the claim may be identified, on the reverse of this form. Please be aware that the liquidator may require the production of a document under section 304(1)(b) of the Companies Act 1993. You are not required to attach any supporting documents at this stage, but you may attach them now, if you think it would expedite the processing of the claim.							
of a claim tl omit or auth	nat is false or misleading i	n a mater	ial particular knowin	g it to	nake or authorise the making be false or misleading; or to he omission makes the claim		
information will compliance with Under S 304 (1) form and must: a) Conta	be used and retained by Gerry Reathe Privacy Act 1993.	n Partners and	d will be released to other pecured creditor against a co	arties o	e with the Companies Act 1993. The nly with your authorisation or in n liquidation must be in this prescribed		
SIGNED:		DATE:		RESER	VED FOR OFFICE USE ONLY		

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Particulars of Claim

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Does your claim include interest? YES O NO O Amount: NZ\$	