The Insolvency Act 1986

Specific Proxy (liquidation)

Notes to help completion of the form Please give full name and address for communication	In the matter of ABC Limited and in the matter of the Insolvency Act 1986 Name of creditor	You MUST insert the name of the creditor here. IF the creditor is a company or limited liability partnership, insert the full legal entity name and the normal address for correspondence. IF you are an individual (e.g. a former employee), insert your name and address.
Please insert name of person (who must be 18 or over) or "chair of the meeting" or "convener of the meeting". If you wish to provide for alternative proxy-holders in the circumstances that your first choice is unable to attend please state the names of the alternatives as well Please delete words in brackets if the proxy-holder.	Name of proxy-holder 1	
brackets if the proxy-holder is only to vote as directed i.e. he has no discretion IF you wish to instruct your proxy holder to vote in a specific way, indicate FOR/AGAINST here AND strike through the words in brackets above. IF you wish your proxy holder to exercise their discretion at the meeting, do NOT strike through words in brackets above. Where you wish your proxy holder to vote in a specific way for certain resolutions, please ensure that you have marked FOR/AGAINST appropriately in relation to those resolutions.	creditors to be held on 1 Month Year, or at an proxy-holder is to propose or vote as instructed decision for which no specific instruction is gird discretion). Voting instructions for decisions: Proposed decision 1 [Example decision] Proposed decision 2 [Example decision] Proposed decision]	ed below (and in respect of any ven, may vote or abstain at his/her FOR/AGAINST*
IF you wish your proxy holder to vote on whether a committee should be formed, please indicate YES/NO. Remember if you stated that you would like a committee to be formed, please ensure that you provide a nomination for membership.	Please confirm if you would like a Liquidation For the appointment of of representing	FOR/AGAINST* Committee to be formed. Yes/No*
	as a member of the Liquidation Committee	

Such nominations for membership can only be accepted if we are satisfied as to the creditors' eligibility under Rule 10.4.

This form must be signed Signature ______ Dated _____

Name in CAPITAL LETTERS _____

Only to be completed if the creditor has not signed in person Position with creditor or relationship to creditor or other authority for signature

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This MUST be completed, UNLESS you are an individual.

