FORM 535

CORPORATIONS ACT 2001

ACN 608 830 333 Subregulation 5.6.49(2)

**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the Liquidator of Harmony Pharmacy and Wellness Clinic Pty Ltd (In Liquidation)

1. This is to state that the company was, on 6 May 2019 (1) and still is, justly and truly indebted to(2) (full name):

(‘Creditor’)

of (full address)

 for $ dollars and cents.

Particulars of the debt are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Consideration(3)****state how the debt arose** | **Amount $** | **GST included $** | **Remarks(4)****include details of voucher substantiating payment** |
|  |  |  |  |  |

2. To my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any manner of satisfaction or security for the sum or any part of it except for the following:

Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the following form:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Drawer** | **Acceptor** | **Amount $ c** | **Due Date** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |

|  |
| --- |
|  |

 | I am **not** a related creditor of the Company (5) |

|  |  |  |  |
| --- | --- | --- | --- |
|  |

|  |
| --- |
|  |

 | I am a related creditor of the Company (5)relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

3A.(6)\* I am employed by the creditor and authorised in writing by the creditor to make this statement. I know that the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, still remains unpaid and unsatisfied.

3B.(6)\* I am the creditor's agent authorised to make this statement in writing. I know that the debt was incurred and for the consideration stated and that the debt, to the best of my knowledge and belief, still remains unpaid and unsatisfied.

DATED this day of 2019

Signature of Signatory

NAME IN BLOCK LETTERS

Occupation

Address

**See Directions overleaf for the completion of this form**

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| POD No: |  | ADMIT (**Voting / Dividend**) - Ordinary | $ |
| Date Received: |  / / | ADMIT (**Voting / Dividend**) – Preferential | $ |
| Entered into CORE IPS: |  | Reject (**Voting / Dividend**) | $ |
| Amount per CRA/RATA | $ | Object or H/Over for Consideration | $ |
| **Reason for Admitting / Rejection** |  |
| PREP BY/AUTHORISED |  |  | **TOTAL PROOF** | $ |
| DATE AUTHORISED / / |  |  |

 **Proof of Debt Form Directions**

\* Strike out whichever is inapplicable.

(1) Insert date of Court Order in winding up by the Court, or date of resolution to wind up, if a voluntary winding up.

(2) Insert full name and address (including ABN) of the creditor and, if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.

(3) Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of .....................................................", "moneys advanced in respect of the Bill of Exchange".

(4) Under "Remarks" include details of vouchers substantiating payment.

(5) Related Party / Entity: Director, relative of Director, related company, beneficiary of a related trust.

(6) If the Creditor is a natural person and this proof is made by the Creditor personally. In other cases, if, for example, you are the director of a corporate Creditor or the solicitor or accountant of the Creditor, you sign this form as the Creditor’s authorised agent (delete item 3A). If you are an authorised employee of the Creditor (credit manager etc), delete item 3B.

 **Annexures**

1. If space provided for a particular purpose in a form is insufficient to contain all the required information in relation to a particular item, the information must be set out in an annexure.
2. An annexure to a form must:
	1. have an identifying mark;
	2. and be endorsed with the words:
		1. "This is the annexure of *(insert number of pages)* pages marked *(insert an identifying mark)* referred to in the *(insert description of form)* signed by me/us and dated *(insert date of signing)*; and
	3. be signed by each person signing the form to which the document is annexed.
3. The pages in an annexure must be numbered consecutively.
4. If a form has a document annexed the following particulars of the annexure must be written on the form:
	1. the identifying mark; and
	2. the number of pages.
5. A reference to an annexure includes a document that is with a form.