

# Appointment of Proxy

Form 532 – Appointment of a proxy Corporations Act 2001 Sub-Regulation 5.6.49

Insert Australian Company Number

Australian Company Number:

Please mark relevant box

**First Meeting of Creditors**     **Second Meeting of Creditors**     **Other**

Creditor name

I / We<sup>1</sup>

Creditor address

of

Insert Company name

A creditor of

Proxy name & address (you may nominate the chairperson to act as your proxy at the meeting)

hereby appoint

Proxy name & address (you may nominate the chairperson to act as your proxy at the meeting)

Or in the alternative

in his/her absence as my/my general/special proxy<sup>2</sup> (if special proxy you must specify “for”, “against” or “abstain” for each resolution in the *schedule of resolutions* over page) to vote at the

Date-day    Month    Year    Time

Meeting of Creditors to be held on  /  /  at  :

am/pm in the Boardroom of McLaren Knight, Suite 17, 12-24 Toogood Road, Woree, or at any adjournment of that meeting.

If the creditor is an individual

Sole Director & Secretary / Partner  
Contact details

Director / Partner

Director / Company Secretary

Date-day    Month    Year

 /  / 

## CERTIFICATE OF WITNESS<sup>3</sup>

Witness name

I / We<sup>4</sup>

Witness address

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.

Witness signature

Occupation

Contact details

Date-day    Month    Year

 /  / 

(1) If a firm, strike out “I” and set out the full name of the firm.

(2) If a special proxy – please complete the schedule of resolutions over page.

(3) This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

(4) The signature of the creditor is not to be attested by the person nominated as proxy.

**In the matter of:**

Please mark relevant box

**First Meeting of Creditors**     **Second Meeting of Creditors**     **Other**

Insert Company name & administration type

Insert Australian Company Number

**Resolutions**

	For	Against	Abstain
1 ..... ..... .....			
2 ..... ..... .....			
3 ..... ..... .....			
4 ..... ..... .....			
5 ..... ..... .....			

If the creditor is an individual

Sole Director & Secretary / Partner  
Contact details



Director / Partner

Director / Company Secretary

Date-day    Month    Year

/  /

Return the completed form to:

Mclaren Knight, PO Box 7909, Cairns Qld 4870 or by facsimile to 07 - 40332383