



Claim and Vote Form

Debt Agreement Proposal

Administration Number		Voting Deadline Date	
Surname		Given Name/s	

Original Creditor

Original Creditor Name			
Contact Person		Contact Number	

Debt Owner (to be completed if debt sold)

Debt Owner Name			
Postal Address			
Email Address			
Contact Person		Contact Number	

Voting Information (to be completed by authorised agent of debt owner / original creditor)

Agent Name			
Postal Address			
Email Address			
Contact Person		Contact Number	

Claim

Reference / Account Number	1	2
Nature of debt (e.g. personal loan, loss on repossession)		
a) Amount of debt owed at <NPII DATE> when debt agreement proposal recorded on NPII	\$	\$
b) Estimated value of security if secured	\$	\$
Unsecured debt for voting (a – b)	\$	\$
If still secured, provide description of asset/s (e.g. details of house/land, motor vehicle)		
Are you a related creditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please state your relationship to debtor		
Did you purchase the debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please state the amount paid for the debt	\$	\$

Vote

Do you accept the proposal? Yes No Abstain

If voting **no**, or **choosing to abstain**, please provide reasons:

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Does this vote replace a Claim and Vote form previously lodged? Yes No
Are all debts owed to you disclosed on the Explanatory Statement? Yes No

If **no**, please provide details:

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Creditor/authorised officer/agent of creditor

I declare that the particulars set out in this Claim and Vote form are correct.

Offence: It is an offence under the Criminal Code to knowingly provide a false or misleading statement.

Penalty: Imprisonment for 12 months

Name (please print)	Signature
Position	Date Signed

Return before the end of the voting deadline date to Insolvency and Trustee Service Australia

PO Box 10443
Adelaide Street
Brisbane Queensland 4000
fax to (07) 3360 5494
or email debtagrementservice@itsa.gov.au

Phone: 1300 364 785