## Creditor Confirmation Form

In respect of the Companies and Limited Partnerships as detailed in Appendix A -(subject to statutory management) - together "the Du Val Group or the Group" Please note that fields marked with an asterisk (\*) must be completed. **Creditor Details:** \* Name:..... \* Postal Address: \* Email Address: Telephone Number: **Claim Details:** (If claim is made on behalf of creditor, specify relationship to creditor and authority) claim that, at the date the entity was put into statutory management, it was indebted to the above-named creditor for the sum of (Amount in words and figures) Omit whichever does not apply

- I hold no security for the amount claimed and am claiming as an unsecured creditor; or
- I am surrendering my security and I am claiming as an unsecured creditor; or
- I am claiming as a preferential creditor

Signed:	Date:	

## Creditor Confirmation Form – continued Particulars of Claim

## Supporting documents must be attached.

Date	Details of claim and identification of documents that evidence or substantiate the claim:	Amount \$
	Less Retention of Title for goods supplied by creditor to the entity as described below (where applicable):	Amount \$
		·
	Less debts owed by creditor to the entity as described below (where	Amount
	Less debts owed by creditor to the entity as described below (where applicable):	
	Less debts owed by creditor to the entity as described below (where applicable):	Amount
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	Less debts owed by creditor to the entity as described below (where applicable):	Amount
	Less debts owed by creditor to the entity as described below (where applicable):	Amount
	Less debts owed by creditor to the entity as described below (where applicable):	Amount
	Less debts owed by creditor to the entity as described below (where applicable):  stration number:  ST included in claim:	Amount