

**New Zealand Vacuum Cleaner Company Limited (Administrators Appointed) (the "Company")
 Informal Creditor's claim form for the purposes of voting at creditors' meetings and claiming in Deed
 of Company Arrangement (if executed)**

Name and Postal Address of Creditor:

Creditor Name:

.....

[If claim is made on behalf of creditor, specify relationship to creditor and authority as well]

Creditor Address:

.....

Claim Amount:

I claim that, the Company as at the date the Company was put into voluntary administration, was and still is truly and justly indebted to the above named creditor for the sum of

Amount of claim: \$ _____

[Amount in words and figures]:

Omit whichever does not apply

- I hold no security for the amount claimed; or
- I hold security over the following assets _____

Particulars of Claim and Supporting Documents:

Full particulars of the claim are set out, and any supporting documents that substantiate the claim are identified, on the reverse of this form.

(Copies of the supporting documents should also be attached to the form)

Statement:

*I am employed by the creditor and authorised 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, remains unpaid and unsatisfied.

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

*I am the creditor and I know that the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

** Delete not applicable statements.*

Signature

Dated: _____ Signature: _____
 Name: _____ Phone: _____
 Occupation: _____ Email: _____

Received (Data Stamp)	Reserved For Office Use: Claim admitted for voting at creditors' meetings: Amount of Claim: \$ <input style="width: 100%;" type="text"/>
	Signed Administrator or representative: _____ Dated: / /
	Claim admitted for distribution under DOCA (if applicable) Amount of Claim: \$ <input style="width: 100%;" type="text"/>
	Signed Deed Administrator or representative: _____ Dated: / /

Particulars of Claim

Date	Details of Claim and Identification of Documents that Evidence or Substantiate the Claim	Amount \$
	Total	\$ _____ _____
Date	Less debts owed by creditor to the Company as described below (where applicable):	Amount \$
	Total	\$ _____ _____

GST Registration number: _____
Total GST included in claim: \$ _____ _____