

Insolvency Act 1986

Proxy (Liquidation)

Notes to help
completion of the
form

Re: Aberdeen House Care Limited - In Creditors' Voluntary Liquidation

Please give full name of
person (who must be
18 or over) or the
"Chair". If
you wish to provide
for alternative proxy-
holders in the
circumstances that
your first choice is
unable to attend
please state the
name(s) of the
alternatives as well.

Name of creditor PRAGNA KOTECHEA

Address 15 PLYMOUTH DRIVE

WIGSTON, LEICESTERSHIRE, LE18-1BP

Name of proxy-holder THE CHAIR OF THE MEETING

1. _____

2. _____

3. _____

Please delete words in
brackets if the proxy-holder is
only to vote as directed i.e. he
has no discretion

I appoint the above person to be my/the creditor's proxy-holder at the meeting of creditors to be held on Wednesday 17 January 2024 at 10:30am or at any adjournment of that meeting. The proxy-holder is to propose or vote as instructed below (and in respect of any resolution for which no specific instruction is given, may vote or abstain at his/her discretion).

Any other resolutions
which the proxy-
holder is to propose or vote in
favour of.

Voting instructions for resolutions

1. The appointment of Joint Liquidators of the Company.

For / ~~Against~~

2. In the event that Joint Liquidators are appointed, a resolution that they can act either jointly or separately.

For / ~~Against~~

In the event that a Liquidation Committee is not established:

3. That a Liquidation Committee be established.

~~For~~ / Against

4. That the fees and expenses of both Business Helpline Group Limited and Opus Restructuring LLP in respect of assisting the Board of Directors in preparing a Statement of Affairs and convening the virtual meeting amounting to £7,000.00 plus expenses plus VAT be paid from realisations as an expense of the liquidation.

For / ~~Against~~

5. That the Liquidator be authorised to pay Clumber Consultancy Limited £2,800.80 plus VAT from realisations in respect of assisting the Board of Directors and Joint Liquidators with Pension and ERA Services.

For / ~~Against~~

6. That the Liquidator's fees will be charged by reference to the time properly spent by them and their staff in dealing with the matters relating to the Liquidation, such time to be charged at the hourly charge out rate of the grade of staff undertaking the work at the time the work is undertaken and subject to the fees estimate set out in the report prepared in connection with fee approval and issued with the notice of the meeting.

For / Against

7. That the Liquidator be authorised to recover category 2 expenses as set out in the practice fee recovery policy.

For / ~~Against~~

8. That the Liquidator be permitted to destroy the Company's books and records six months after the dissolution date.

For / ~~Against~~

If more room is required
please use the other side of
this form.

This form must be
signed

Signature



Date

15/1/2024

Name in CAPITAL LETTERS

PRAGNA KOTECHA

Only to be completed
if the creditor
has not
signed in person

Position with creditor or relationship or other authority for signature

DIRECTOR