


**PROOF OF DEBT**  
**Creditor's Voluntary Liquidation**

Aberdeen House Care Limited

1	Name of Creditor	MRS. PRAGNA KOTECHEA
2	Address of Creditor	15 LYN MOUTH DR WIGSTON LEICESTER LE18 1BP
3	Total amount of claim, including any Value Added Tax and outstanding uncapitalised interest	£ 6,825.64
4	Details of any documentation by reference to which debt can be substantiated.	Approved By my Accountant.
5	If the total amount shown above includes Value Added Tax, please show:- (a) amount of Value Added Tax (b) amount of claim NET of Value Added Tax	£ — £ —
6	If total amount above includes outstanding uncapitalised interest please state amount	£ —
7	If you have filled in both box 3 and box 5, please state whether you are claiming the amount shown in box 3 or the amount shown in box 5 (b)	Box 3
8	Give details of whether the whole or any part of the debt falls within any (and if so which) of the categories of preferential debts under Section 386 and Schedule 6 of the Insolvency Act 1986	Category 001 accountant has above AMOUNT OWED to ME  Amount(s) claimed as preferential £
9	Particulars of how and when debt incurred	THIS IS IN ACCOUNTS and NEWBELLSTON HAS agreed our ACCOUNT
10	Particulars of any security held, the value of the security and the date it was given	£ —
11	Signature of creditor or person authorised to act on his behalf	
	Name in BLOCK LETTERS	PRAGNA KOTECHEA
	Position with or relation to creditor	DIRECTOR

**Please complete the following information in order that any future dividends may be forwarded to you by BACS transfer:-**  
(If these details change throughout the course of the arrangement, it is the creditors responsibility to update the Supervisor accordingly)

Name of Bank:	HSBC
Sort Code:	40-28-06
Account Number:	64257243
Name of Account:	PRAGNA KOTECHEA
Reference:	—

Admitted to vote for preferentially/non-preferentially £