


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

**Aberdeen House Care Limited**

1	Name of Creditor	RAKESH KOTECNA
2	Address of Creditor	4 HAMPTON GATE FRIDAY LANE SOLZHU B92 0SF
3	Total amount of claim, including any Value Added Tax and outstanding uncapitalised interest	£ 5558.90
4	Details of any documentation by reference to which debt can be substantiated.	
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  Amount(s) claimed as preferential £
9	Particulars of how and when debt incurred	
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	RAKESH KOTECNA
	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:	MSBC
Sort Code:	40 28 06
Account Number:	04204867
Name of Account:	RAKESH KOTECNA
Reference:	

Admitted to vote for preferentially/non-preferentially £

## Rule 16.3

## 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

RAKESH KOTECNA

Address

H HAMPTON GATE FRIDAY LANE  
SOLEHULL B9205F

Name of proxy-holder

CHAIR

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).

## Voting instructions for resolutions

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

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

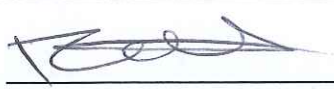
8. That the Liquidator be permitted to destroy the Company's books and records six months after the dissolution date.

For / Against

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

This form must be  
signed

Signature



Date

16/1/24

Name in CAPITAL LETTERS

RAKESH KOTECNA

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

Position with creditor or relationship or other authority for signature

DIRECTOR