PROOF OF DEBT Creditor's Voluntary Liquidation

Aberdeen House Care Limited

| 1 | Name of Creditor | |
|----|--|---|
| 2 | Address of Creditor | |
| 3 | Total amount of claim, including any Value Added Tax and outstanding uncapitalised interest | £ |
| 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) | |
| 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 | |
| | Position with or relation to creditor | |

| • | 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: | | |
| Sort Code: | | |
| Account Number: | | |
| Name of Account: | | |
| Reference: | | |
| | (If these details changed Name of Bank: Sort Code: Account Number: Name of Account: | |