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|  | **Insolvency Act 1986**  **Proxy (Creditors’ Voluntary Winding Up)**  **INSERT COMPANY NAME Limited** |  |

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|  | Name of Creditor  Address |  |
| Please insert name of person (who must be 18 or over) or the chair of the meeting (see note below) 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 Proxy Holder  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 Date, 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).  **Please note that if you nominate the chair of the meeting to be your proxy-holder he/she will be a director of the company** | |
| Please complete  paragraph 1 if you wish to nominate or vote for a specific person as liquidator | Voting Instructions  1. For the appointment of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  as liquidator(s) of the company. | |
| Please delete words in brackets if the proxy holder is only to vote as directed i.e. he has no discretion | [In the event of a person named in paragraph 1 withdrawing or being eliminated from any vote for the appointment of a liquidator the proxy-holder may vote or abstain in any further ballot at his/her discretion]  *[If there are unpaid pre-appointment costs add 2. otherwise delete]* | |
|  | 2. That the fee of [IP Firm] for assisting in the preparation of the statement of affairs and seeking a decision of creditors on the nomination of a liquidator totalling £[Amount] plus VAT and expenses be paid as an expense of the liquidation. *[If relevant continue with the following, otherwise delete it]* In addition, the Company’s accountants, [Name], be paid £[Amount] plus VAT for assistance provided with the preparation of the statement of affairs.  **I am \*in Favour / Against**  *[If approval for the liquidator’s remuneration and/or the firm’s policy on the re-charge of Category 2 expenses is being sought at the meeting, include 3 and/or 4 otherwise delete them]*  3. That the basis of the Liquidator’s remuneration be fixed [insert either - as time costs OR as a percentage of the value of the company's assets OR as a set amount OR insert details of the combination of bases] as detailed in the fees estimate/information provided to creditors with this Notice*.*  **I am \*in Favour / Against**  4. That the Liquidator be authorised to draw Category 2 expenses in accordance with his firm’s published tariff, disclosed to creditors prior to the meeting  **I am \*in Favour / Against**  *[If joint liquidators are proposed add the following, otherwise delete it]*  5. That the Joint Liquidators be authorised to act jointly and severally in the Liquidation  **I am \*in Favour / Against**  **Please indicate below whether you wish a liquidation committee to be established**  6. I am seeking that a liquidation committee be established \***YES / NO**  ***If YES, please complete the nomination section below:***  I wish to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name)  Representing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of creditor)  to be a member of the committee    **\*delete as applicable** | |
| **This form must be signed** | **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | **Name in CAPITAL LETTERS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| Only to be completed if the creditor has not signed in person | **Position with creditor or relationship to creditor or other authority for signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tick if the signatory is the sole member of a body corporate** |
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