|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **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 |  | Category |  |
|  |  | 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 |  |  |  |
|  |  |  |  | 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: |  |  |  |
|  |  |  |  |  |  |

Admitted to vote for preferentially/non-preferentially £