

27 August 2018

To the creditor as addressed

Dear Sir/Madam

Bill Express Ltd (In Liquidation) (the Company) ACN 090 059 564

We refer to prior correspondence.

We intend to declare a dividend on or around 21 September 2018. The records of the Company indicate that you may be a creditor, however your debt or claim has not yet been admitted.

Attached are the following documents:

- Form 547 Notice of intention to declare a dividend
- Form 535 Formal Proof of Debt Form
- Vendor creation form

In order to participate in the dividend, you must provide the completed proof of debt with supporting documentation and the Vendor creation form by 19 September 2018 otherwise you will be excluded from the dividend.

Yours faithfully

Craig Crosbie and Ian Carson

Liquidators /

Enc

Date of appointment:

12 August 2008

Contact name:

Tom Girdwood

Telephone number:

+61 3 8603 3017

Email:

tom.girdwood@pwc.com

Corporations Act 2001

NOTICE TO CREDITOR OR PERSON CLAIMING TO BE A CREDITOR OF INTENTION TO DECLARE A DIVIDEND

Bill Express Ltd (In Liquidation) (the Company) ACN 090 059 564

A dividend is to be declared on for the company.

You are listed as a creditor in the report of the affairs of the company or are known to us to claim to be a creditor, but your debt or claim has not yet been admitted.

You are required formally to prove your debt or claim on or before 19 September 2018. If you do not, you will be excluded from the benefit of the dividend.

Dated 27th day of August 2018

Craig Crosbie and Ian Carson Liquidators

C/- PricewaterhouseCoopers 2 Riverside Quay SOUTHBANK VIC 3006

FORM 535 Corporations Act 2001

FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the Liquidators of Bill Express Ltd (In Liquidation) (the Company)

Office use only – for voting purposes \Box Accept \Box Reject \Box

1.	Thi	This is to state that the Company was on 8 July 2008, and still is, justly and truly indebted									
	to	(creditor)									
	of	(address of creditor)									
	for	\$	•••••								
Par	ticul	lars of the del	ot are:								
Date (date when the debt arose)			se)	Consideration (state how debt aros supporting docume	Amount (\$)	(in	Remarks (include details of voucher substantiating payment)				
2. To my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any satisfaction or security for the sum or any part of it except for the following (insert particulars of all securities held. If the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, show them in a schedule in the following form).											
Date			Drawer		Acceptor	Amount (\$c)		Due Date			
ʻ3A	was	n employed by incurred for th unsatisfied.	the cre	ditor and authoris ideration stated ar	ed in writing by the cre ad that the debt, to the	ditor to make this best of my knowle	stateme dge and	ent. I know that the debt belief, remains unpaid			
ЗΒ.	3. I am the creditor's agent authorised in writing to make this statement in writing. I know that the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.										
	* Items 3A & 3B - delete both if the creditor is a natural person and this proof is made by the creditor personally. In other cases, if, for example, you are the director of a corporate creditor or the solicitor or accountant of the creditor, you sign this form as the creditor's authorised agent (delete item 3A). If you are an authorised employee of the creditor (credit manager etc.), delete item 3B.										
complete all sections	I have attached the following document ☐ Invoices ☐ Judgem ☐ Monthly statements ☐ Statutor ☐ Creditors authority letter ☐ Other de				rom Court ☐Letter mand ☐Credit	s of demand Ord		rs from Company antee from Company			
e alaidiiin	Dated/ NameSignatory										
ز	Phone Email address										

Vendor Creation Form									
Bill Express Ltd (In Liquidation)	W 41000	***	3xii						
 VENDOR TO COMPLETE Please complete and return this Form to PricewaterhouseCoopers with supporting documents (where specified) A vendor payment cannot be made unless all fields are complete 									
Vendor Business / Company Name		Nature of trading activity of Vendor (e.g. transport)		4170000					
PHYSICAL ADDRESS	S	POSTAL ADDRESS	SS (Leave blank if same as physical address)						
Street Name and No.		Street Name and No. / P.O Box No.	y Leeave blank it same as physical address)						
Town/Suburb		Town/Suburb		150.00					
Post Code		Post Code		10/2/2004					
State / Country		State / Country		10-11-11-1					
CONTACTS	The state of the s		3:1 	Windows (Charles					
Company Phone No.		Fax No. (for Purchase Orders)		3,5					
Primary Contact Name (1)		Alternative Contact Name (2)							
Mobile No (1)		Mobile No (2)							
Email (for Purchase Orders and general procurement)		Email (for Purchase Orders and general procurement)							
Email For initial confirmation of Vendor account details and all general correspondence. Must be different to above email addresses. COMPANY INFORMATION									
			** [
Vendor ABN		GST Registered	Yes □	No 🗆					
BANK DETAILS									
Account Name		Bank No. (BSB)							
Bank A/c Number		Bank Name							
Branch Address									
EVIDENCE	 Bank Account details (may be one of the following):								
Vendor Representation:	I confirm on behalf of the vendor that the information provided in this form (including supporting documents) is correct.								
Name of Person making representation:		Position/Title							
Signature:		Date:							

Thank you for taking the time to complete this form and please attach the supporting documents.