



ASSENT / DISSENT FORM

Bankruptcy Act 1966, Section 73(5)

How your information will be used

The information you are required to provide on this form is collected under, and for the purposes of, the *Bankruptcy Act 1966* or related legislation. The Australian Financial Security Authority has a privacy policy at www.afsa.gov.au/privacy that provides information regarding the collection, storage, use and disclosure of personal information, including how you may: (i) access your personal information; (ii) seek to have that information corrected; and (iii) complain if you feel your privacy has been breached, along with information on how your complaint will be dealt with.

Bankrupt Details

Bankrupt name/s (if there is more than two)

Title	Given name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trading name

Administration number

Date of administration (DD/MM/YYYY)

This voting direction may be used if a creditor does not wish to be represented at the meeting of creditors in person or by proxy. This Assent or Dissent Form to the Composition Proposal must be submitted to the Trustee together with a completed **Proof of Debt Form** (attached). **The form must be given to the trustee before the meeting.**

Composition Proposal

Proposal (Special Resolution)

“That the Composition Proposal of the bankrupt(s) dated

as detailed in the report to creditors dated

be accepted in full and final settlement of all provable claims in the bankrupt administration pursuant to section 73 of the *Bankruptcy Act 1966*.”

Assent/Dissent

I/We request that that the trustee(s) of the above bankrupt administration record my/our vote on the composition proposal [*and any amendment made at the meeting which he/she believes would benefit creditors generally*]

* **strike out if not applicable**

- ASSENT to the Composition Proposal
- DISSENT from the Composition Proposal

Creditor Details

Creditor name

Title	Given name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode

Telephone number

Fax number

Email address

Was this debt assigned to you? No Yes

If yes, what consideration did you pay for the assignment? \$

Are you or your related entities related to the bankrupt? No Yes

If yes, provide details of the relationship below

Signature and Submission

For your vote to be taken into account this document should be returned to the Trustee by no later than

Time (HH:MM)

AM PM

Date (DD/MM/YYYY)

Address of trustee

Postcode

Email

Fax number

Creditor/authorised officer/agent of the creditor

Signature

Date (DD/MM/YYYY)