FORM 535

Subregulation 5.6.49(2)
Corporations Act 2001 (Cth.)

FORMAL PROOF OF DEBT OR CLAIM

RE: ACFS PORT LOGISTICS PTY LIMITED
(RECEIVERS & MANAGERS APPOINTED)
(ADMINISTRATORS APPOINTED)
ABN: 95 603 120 047
(THE "COMPANY")

This is to state that the Company was on 6 August 2026, and still is, justly and truly indebted to:

Creditor Name	
Creditor Postal Address	
Telephone	
Email:	
ABN (N/A if not required)	N/A
FOR (Dollars & Cents)	$ To be advised

Particulars of the Debt/Claim are:

Date	Consideration *(state how the debt arose and attach supporting documentation)*	Amount ($)
		To be advised

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 above or any part of it except for the following:

Date	Drawer	Acceptor	Amount ($)	Due Date

Signed by (select option):

- ☑ I am the creditor personally.
- ☐ I am employed by the creditor and authorised in writing by the creditor to make this statement. 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.
- ☐ I am the creditor's agent authorised in writing to make this statement in writing. I know the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

If being used for the purpose of voting at a meeting:

a) Is the debt you are claiming assigned to you (i.e. a transfer of debt)? ☐ No ☐ Yes
b) If yes, attach written evidence of the debt, the assignment and consideration given. ☐ Attached
c) If yes, what value of consideration did you give for the assignment (e.g., what amount did you pay for the debt?) $_____
d) If yes, are you a related party creditor of the Company? ☐ No ☐ Yes

Signature:_____ Dated: _____

Name:_____ Occupation: _____

RECEIVE REPORTS BY EMAIL

	Yes	No
Do you wish to receive all future reports and correspondence from our office via email?	☑	☐

Email: ……