CLAIM FORM

AZRAPART (PTY) LTD ("COMPANY")

Attention: The Business Rescue Practitioners of the Company

Email: azrapart@matusonassociates.co.za

Name of Creditor	
Representative of Creditor	
Contact Details (Email and Telephone)	
Address of Creditor	
Registration Number	
Bank Account Details	Bank Name: Bank Account: Branch Code:
Claim Amount as at Date of Business Rescue	
Cause of Indebtedness	
Security for Indebtedness	
Description of Documents Annexed to Support the Cause of Indebtedness and the Security for the Indebtedness	

Name of Creditor:

Name of Signatory:

Date:

Capacity:

Note

- If the creditor is a juristic person, a resolution or power of attorney must accompany this claim form and confirm that the person who submits and/or signs this claim form is authorised to act on behalf of that juristic person in respect of these business rescue proceedings, to sign any and all documents on behalf of the juristic person and to attend, and if necessary, vote at any meetings convened in respect of these business rescue proceedings
- Full details of the claim, the manner in which it arose and information and documentation relating to any security, must be set out in this form or in an annexure to the form if the space provided above is limiting
- Claims forms can be submitted via email to azrapart@matusonassociates.co.za marked for the attention of the business rescue practitioner.