

FORMAL PROOF OF DEBT OR CLAIM ON BEHALF OF EMPLOYEES

To the Administrator of	
I, [Name]	
of [Address]	
being [Occupation]	
<p>state:</p> <ol style="list-style-type: none"> 1. the company was, on <appointment date> and still is, indebted to the persons whose names, addresses and descriptions appear in Columns 2, 3 and 4 in the Schedule; 2. the debt is for wages, salaries, annual leave, retrenchment payments or long service leave, due to them for services rendered while employed by the company during the period set out in Column 5 against the names of the persons; 3. the debt of the company due to each person is for the amount set out in Column 6 against the name of that person; 4. none of those persons has had or received any satisfaction or security in respect of that debt; 5. I am authorised as _____ and the source of my information is as follows: <p style="text-align: center;">SCHEDULE (Refer Attached)</p>	

Signature:	Dated:	
Print Name:	Occupation/Title:	
Address:		
Telephone:	Facsimile:	Email:

SCHEDULE

<i>Column 1 No</i>	<i>Column 2 Full Name</i>	<i>Column 3 Address of Employee</i>	<i>Column 4 Description</i>	<i>Column 5 Period for which claim is made</i>	<i>Column 6 Amount of claim</i>

Note: In case of a claim for annual leave or long service leave, insert a description of the claim.