



The Body Shop New Zealand Limited (8107436) (Administrators
Appointed)
(the 'Company')

Creditors' Claim Form for the purposes of voting at creditors' meetings and claiming in
Liquidation or Deed of Company Arrangement (if executed)

Name and postal address of creditor in full: Name: Postal address: Email: Telephone Number: My Reference is: (if applicable)	* Any personal information collected is for the purpose of administering the VA in accordance with the Companies Act 1993. The information will be used and retained by Calibre Partners, PO Box 982, Auckland and will be released to other parties only with your authorisation or in compliance with the Privacy Act 2020. You may have access to and request correction of any personal information. (* Not applicable, if creditor is not an individual within the meaning of the Privacy Act 2020.)
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I, ...
[If claim is made on behalf of creditor, specify relationship to creditor and authority] claim that the Company was at the date it was put into VA indebted to the abovenamed creditor for the sum of [Amount in words and figures]:
..... \$.....

[Cross out whichever does not apply] I hold no security interest in any of the assets of the Company; or
I hold a security interest in respect of certain assets of the Company and I attach supporting documents in respect of such claimed security interest

Full particulars of the claim are set out, and any supporting documents that substantiate the claim are identified, on the reverse of this form.

Signed Date:

Received (Date Stamp)	Reserved For Office Use:	
	Claim admitted for voting purposes:	Signed: Dated: / /
	Claim rejected for voting purposes:	Signed: Dated: / /
	Claim rejected for payment:	Signed: Dated: / /
	Claim admitted for distribution under DOCA (if applicable): Preferential Claim for \$	
	Signed Deed Administrator:	Dated: / /

If you would prefer to receive future communications by email please include the email address here.
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Particulars of Claim

Date	Details of Claim and Identification of Documents that Evidence or Substantiate the Claim	Amount \$
	If applicable, less debts owed by creditor to the company [Describe debts]	\$

If applicable, please record here your GST Registration number:

/ /

and total GST included in your claim

\$