

**FORM 532
APPOINTMENT OF PROXY**

**PF GROUP HOLDINGS PTY LTD
(ADMINISTRATORS APPOINTED)
ACN 622 776 765 (the Company)**

A. Appointment of a proxy

I/We,
(If a company, strike out "I" and set out full name of the company)

of
(address)

a creditor of the Company appoint
as my/our proxy, or in his/her absence....., to vote at the meeting
of creditors to be held on 8 July 2024, or at any adjournment of that meeting.

B. Voting directions

Option 1: ☐ If appointed as a general proxy, as he/she determines on my/our behalf
(Please proceed to section C ie do not complete the table below)

and/or

Option 2: ☐ If appointed as a special proxy in the manner set out below:
(Please complete the table below before proceeding to section C)

| No | Resolution | For | Against | Abstain |
|----|---|--------------------------|--------------------------|--------------------------|
| 1 | To remove Andrew Scott, Adam Colley, Derrick Vickers and Stephen Longley as joint and several Administrators of the Company and appoint someone else as Administrator(s) of the Company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | To appoint a Committee of Inspection for the Company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Signature (in accordance with Sections 127 or 250D of the Corporations Act 2001)

If the creditor is an individual

.....

If the creditor is a Company

.....
Director/Company Secretary

.....
Print name

DATED this day of .

Certificate of witness

Please note: *This certificate is to be completed only if the person giving the proxy is blind or incapable of writing. The signature of the creditor, contributory, debenture holder or member must not be witnessed by the person nominated as proxy.*

I..... of certify that the above instrument appointing a proxy was completed by me in the presence of and at the request of the person appointing the proxy and read to him or her before he or she signed or marked the instrument.

Signature of Witness:

Place of residence:

Dated: