

First Report to Creditors

Country Wellness Pharmacy Group of Companies (Administrators Appointed)

29 August 2018

**Ian Currie and Stefan Dopking
Joint & Several Administrators**

BRI Ferrier

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1	Formal Proof of Debt or Claim Form (Form 535)
2	Appointment of Proxy
3	Request to Receive Electronic Communications

1 INTRODUCTION & EFFECT OF APPOINTMENT

We, Ian Currie and Stefan Dopking, were appointed Joint and Several Administrators of the following companies on 27 August 2018 by resolutions of the Boards pursuant to s 436A of the *Corporations Act 2001* ("the Act"):

Company Name:	ACN:	Trading Name:	Trading Address:
Country Wellness Lifestyle Zuccoli Pty Ltd	617 363 658	Rainmaker Cafe	Shop T10, Zuccoli Plaza 1 Crosby Street Zuccoli NT 0832
Country Wellness Pharmacy Berry Springs Pty. Ltd.	600 161 082	Berry Springs Country Wellness Pharmacy	Shop B4 Berry Springs Shopping Village 10 Doris Road Berry Springs NT 0838
Country Wellness Pharmacy Capalaba Park Pty. Ltd.	614 231 784	Direct Chemist Outlet Capalaba Park	Shops 104-105A Capalaba Park Shopping Centre 7/45 Redland Bay Road Capalaba QLD 4157
Country Wellness Pharmacy Cumberland Park Pty Ltd ATF Country Wellness Pharmacy Cumberland Park Unit Trust	169 213 503	TerryWhite Chemmart Cumberland Park	Shops 4-6 350 Goodwood Road Cumberland Park SA 5041
Country Wellness Pharmacy Hibiscus Pty Ltd ATF Country Wellness Pharmacy Hibiscus Unit Trust	600 613 518	TerryWhite Chemmart Hibiscus	Shops 1, 3 and 4 Hibiscus Shopping Centre 8 Leanyer Drive Leanyer NT 0812
Country Wellness Pharmacy Palmerston Pty Ltd	165 888 068	Priceline Pharmacy Palmerston	Shop MM1A Gateway Shopping Centre 1 Roystonea Avenue Palmerston NT 0830
Country Wellness Pharmacy Palmerston No. 2 Pty Ltd	617 982 608	TerryWhite Chemmart Palmerston Gateway	Shop MM6A Gateway Shopping Centre 1 Roystonea Avenue Palmerston NT 0830
Country Wellness Pharmacy Pty Ltd	147 950 294	Save Mart Pharmacy	Shop 18, Winnellie Shopping Centre 347 Stuart Highway Winnellie NT 0820
Country Wellness Pharmacy Rosanna Pty Ltd	612 246 983	TerryWhite Chemmart Rosanna	108 Lower Plenty Road Rosanna VIC 3084
Country Wellness Pharmacy Seaford Pty. Ltd.	618 411 331	N/A	N/A
Country Wellness Pharmacy Toowoomba Pty Ltd	606 013 727	TerryWhite Chemmart Grand Central	Shop 1103A Grand Central Shopping Centre Margaret & Den Street Toowoomba QLD 4350
Country Wellness Pharmacy Wynnum Pty Ltd	160 351 342	TerryWhite Chemmart Selina Street	Shop L 145 Wynnum North Road Wynnum North QLD 4178
Country Wellness Pharmacy Zuccoli Pty. Ltd.	610 163 785	TerryWhite Chemmart Zuccoli	Shop T10, Zuccoli Plaza 1 Crosby Street, Zuccoli NT 0832

(Collectively referred to as the Country Wellness Pharmacy Group")

Our appointment is a step pending a review of the Country Wellness Pharmacy Group's financial position so that creditors may make a determination as to the future of the same. At the second meetings of creditors, which we anticipate will be held by 1 October 2018, creditors will be entitled to vote on the following alternatives:

- ▲ The Country Wellness Pharmacy Group (or individual companies within that Group) execute a Deed of Company Arrangement ("DoCA"); or
- ▲ The Country Wellness Pharmacy Group (or individual companies within that Group) be wound up (i.e. placed into liquidation); or
- ▲ The Administrations be brought to an end, in which case control of the Country Wellness Pharmacy Group (or individual companies within that Group) would return to their respective director(s).

We will issue a Second, more detailed, Report to Creditors concerning the Country Wellness Pharmacy Group's business, property and affairs, financial circumstances prior to the second meeting of creditors.

That report will contain our recommendation as to which course of action would, in our opinion, be in the creditors' best interests for each company and details of any DoCA proposal. Creditors for each company will be asked at that second meeting to decide which course of action they wish to adopt. A DoCA proposal can be in any format and can include a proposal to sell the pharmacies individually or as a group.

During the administration period, the powers of all directors and officers are suspended, unless otherwise consented to, by us in writing. Furthermore, during the administration period, creditors cannot take action to pursue outstanding debts without leave of the Court.

We are currently reviewing the financial viability of the Country Wellness Pharmacy Group and are continuing to trade the same.

We have also requested Boon Wai Lim, Marcus Leong and Tee Tan ("the Directors") prepare a Report as to Affairs ("RATA") for each company in which they hold a directorship as at the date of our appointment. We have not received any RATAs to date.

Please note that the payment of unsecured creditors' accounts as at 27 August 2018 is suspended pending the outcome of the second meeting of creditors.

1.1 TRADING ARRANGEMENTS

Should continued supply of your goods or services be required during the trading period, you will be contacted by our office and requested to open a new account styled in the relevant company's name followed "Administrators Appointed", C/- BRI Ferrier, GPO Box 890, Brisbane QLD 4001.

We request that all authorised orders placed by our office are charged to that account which will be paid in accordance with your usual terms of credit. Goods and/or services will only be paid for if they are supplied against an official order form, which has been signed by one of the persons whose specimen signature appears in the document annexed to this report.

2 BACKGROUND INFORMATION

The Country Wellness Pharmacy Group operated a group of pharmacies (along with a café) trading in Queensland, South Australia, Victoria and the Northern Territory (as noted previously). These pharmacies operated under various franchises as noted in section 1 above. The Country Wellness Pharmacy Group had 11 trading pharmacies and one (1) café upon our appointment.

Country Wellness Pharmacy Seaford Pty. Ltd. was established and fit-out to begin trading from a leased premises at 40 Robinson Road, Seaford Heights SA 5169. However, this company never commenced operations.

The assets of Country Wellness Pharmacy Cumberland Park Pty Ltd are subject to a sale contract which is due to settle in or around one week's time.

Further information, including the likelihood of a dividend to creditors and the results of our preliminary investigation into the Country Wellness Pharmacy Group's affairs, will be provided in our Second Report to Creditors.

3 DECLARATION OF INDEPENDENCE, RELEVANT RELATIONSHIPS & INDEMNITIES

Prior to consenting to become the Administrators of the Country Wellness Pharmacy Group, we undertook a proper assessment of any risks to our independence. The assessment identified no real or potential risks. We are not aware of any reasons that would prevent us from accepting this appointment.

We annex our Declaration of Independence, Relevant Relationships and Indemnities to this report for the information of creditors.

4 CONCURRENT FIRST MEETING OF CREDITORS

The first meeting of the creditors of the Country Wellness Pharmacy Group will be held as follows:

Concurrent First Meeting of Creditors	
Venue:	University of Queensland Business School Executive Venue Level 6, 293 Queen Street BRISBANE QLD 4000
Date:	Wednesday, 5 September 2018
Meeting to Start:	10:00 am

The purpose of this meeting is to consider:

- ▲ Whether to appoint Committees of Inspection and if so, who are to be the Committees' members; and
- ▲ Whether to remove the Joint and Several Administrators from office and appoint someone else as Administrator(s) of the Country Wellness Pharmacy Group (or individual companies within that Group).

A Notice of Concurrent First Meeting of Creditors is annexed for the information of creditors.

A Second Meeting of Creditors will be held approximately 25 business days of our appointment, at which time any DoCA formulated will be put to the vote at the meeting (which is unlikely).

To participate as a creditor, you should:

- ▲ Provide a Proof of Debt detailing your claim to be a creditor if you have not already done so. A Formal Proof of Debt or Claim (Form 535) is annexed. When returning the Formal Proof of Debt, please enclose documentation supporting your claim.
- ▲ If you have previously filed a Formal Proof of Debt or Claim which you now wish to amend, you may do so.
- ▲ Please provide an Appointment of Proxy if you are a company or are a natural person who is unable to attend the meeting in person. An Appointment of Proxy form is annexed.
- ▲ If you have not previously proved or asserted a claim that has been allowed and wish to participate in this meeting you must file your Formal Proof of Debt and/or Appointment of Proxy to our office by no later than **5.00 pm on 4 September 2018**.
- ▲ If you are a natural person who wishes to attend in person, you are welcome to attend at registration, which will commence at 9:45 am.
- ▲ **Please ensure that you only complete Formal Proof of Debts or Appointments of Proxy for the company(ies) within the Country Wellness Pharmacy Group of which you are a creditor.**

5 SECURITY OVER ASSETS OF THE COMPANY

We have conducted a search of the Personal Property Securities Register ("PPSR") to identify any claims registered against assets of the Country Wellness Pharmacy Group.

The PPSR identified the following parties as holding security against assets of the Country Wellness Pharmacy Group:

Company Name:	Secured Parties:
Country Wellness Lifestyle Zuccoli Pty Ltd (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Medipac Finance Pty Ltd ▲ Metcash Trading Group ▲ Silver Chef Rentals Pty Ltd
Country Wellness Pharmacy Berry Springs Pty. Ltd. (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Westpac Banking Corporation
Country Wellness Pharmacy Capalaba Park Pty. Ltd. (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Australian Pharmaceutical Industries Ltd ▲ Bank of Queensland Limited ▲ Capital Finance Australia Limited ▲ Clifford Hallam Healthcare Pty Ltd ▲ Coty Australia Pty Ltd ▲ Flexirent Capital Pty Ltd ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Pharm-A-Care Laboratories Pty Ltd ▲ Sanofi-Aventis Australia Pty Ltd
Country Wellness Pharmacy Cumberland Park Pty Ltd (Administrators Appointed) ATF Country Wellness Pharmacy Cumberland Park Unit Trust	<ul style="list-style-type: none"> ▲ ACN 603 303 126 Pty Ltd ▲ Clifford Hallam Healthcare Pty Ltd ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Pharm-A-Care Laboratories Pty Ltd ▲ Sigma Company Limited ▲ Symbion Pty Ltd ▲ Toyota Finance Australia Ltd ▲ Westpac Banking Corporation

Country Wellness Pharmacy Hibiscus Pty Ltd (Administrators Appointed) ATF Country Wellness Pharmacy Hibiscus Unit Trust	<ul style="list-style-type: none"> ▲ ANZ Banking Group Limited ▲ Commonwealth Bank of Australia ▲ GC Leasing Sydney Pty Ltd ▲ Macquarie Leasing Pty Ltd ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Pharm-A-Care Laboratories Pty Ltd ▲ Print Solutions Finance Pty Ltd ▲ Symbion Pty Ltd ▲ Upstream Print Solutions Pty Ltd ▲ Volkswagen Financial Services Australia Pty Ltd
Country Wellness Pharmacy Palmerston Pty Ltd (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Australian Pharmaceutical Industries Ltd ▲ Coty Australia Pty Ltd ▲ Medipac Finance Pty Ltd
Country Wellness Pharmacy Palmerston No. 2 Pty Ltd (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Coty Australia Pty Ltd ▲ Medipac Finance Pty Ltd ▲ McPherson's Consumer Products Pty Ltd ▲ Pharm-A-Care Laboratories Pty Ltd ▲ Sanofi-Aventis Australia Pty Ltd ▲ Symbion Pty Ltd
Country Wellness Pharmacy Pty Ltd (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Australian Pharmaceutical Industries Ltd ▲ Bank of Queensland Limited ▲ BOQ Specialist Pty Ltd ▲ Ernest Hillier Pty Ltd ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Sigma Company Limited ▲ Westpac Banking Corporation
Country Wellness Pharmacy Rosanna Pty Ltd (Administrators Appointed)	<ul style="list-style-type: none"> ▲ ACN 603 303 126 Pty Ltd ▲ Australian Pharmaceutical Industries Ltd ▲ Clifford Hallam Healthcare Pty Ltd ▲ Commonwealth Bank of Australia ▲ Coty Australia Pty Ltd ▲ Fleet Partners Pty Ltd ▲ GC Leasing Sydney Pty Ltd ▲ Leaseit Limited ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Pharm-A-Care Laboratories Pty Ltd ▲ Sigma Company Limited ▲ Symbion Pty Ltd
Country Wellness Pharmacy Seaford Pty. Ltd. (Administrators Appointed)	None
Country Wellness Pharmacy Toowoomba Pty Ltd (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Bank of Queensland Limited ▲ Commonwealth Bank of Australia ▲ Coty Australia Pty Ltd ▲ Flexirent Capital Pty Ltd ▲ Global Therapeutics Pty Ltd ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Pharm-A-Care Laboratories Pty Ltd

Country Wellness Pharmacy Wynnum Pty Ltd (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Clifford Hallam Healthcare Pty Ltd ▲ Coty Australia Pty Ltd ▲ Fleet Partners Pty Ltd ▲ Flexirent Capital Pty Ltd ▲ GC Leasing Sydney Pty Ltd ▲ Imaxeon Pty Ltd and Bayer Australia Ltd ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ National Australia Bank Limited ▲ Pharm-A-Care Laboratories Pty Ltd ▲ Ricoh Australia Pty Ltd ▲ Sigma Company Limited ▲ Symbion Pty Ltd ▲ Westpac Banking Corporation ▲ Volkswagen Financial Services Australia Pty Ltd
Country Wellness Pharmacy Zuccoli Pty. Ltd. (Administrators Appointed)	<ul style="list-style-type: none"> ▲ Eclipx Commercial Pty Ltd ▲ Medipac Finance Pty Ltd ▲ Multipli Pty Ltd ▲ Pharm-A-Care Laboratories Pty Ltd ▲ Sanofi-Aventis Australia Pty Ltd ▲ Symbion Pty Ltd

We have written to the above secured parties requesting they provide details in respect of their registered security interests.

In order to assess claims in a timely manner, we ask that any creditor seeking to retain title to goods supplied or otherwise enforce their security interest immediately contact our office.

The owners or lessors of goods utilised by the Country Wellness Pharmacy Group are generally not entitled to reclaim the goods or items unless they have obtained an order of the Court or our written consent pursuant to s 440B of the Act.

Further, we are not liable for rental or lease payments on goods or property for the first five (5) business days of the administration pursuant to s 443B of the Act.

If any creditor claims to hold security over any of the assets of the Country Wellness Pharmacy Group, they should immediately notify our office and provide copies of their security documents.

6 REMUNERATION

We have annexed an Initial Remuneration Notice setting out the methods of calculation of remuneration available to us, together with the advice as to the method chosen. This document also includes details of our firm's hourly rates and also includes a summary of the method for charging of disbursements.

We are required to provide creditors with an estimated of our remuneration for the administration period. Our estimate for all administrations of the Country Wellness Pharmacy Group, based on the information provided by the Directors and our preliminary understanding of the complexity of, and the risk associated with, is provided in the annexed Initial Remuneration Notice.

7 CREDITOR RIGHTS AND INFORMATION SHEETS

We are required to give certain information to creditors setting out their rights in the administration. Accordingly, we have annexed an information sheet entitled “Creditor Rights in Voluntary Administrations” to this report.

We annex an information sheet produced by the Australian Securities and Investments Commission (“ASIC”) entitled “Insolvency information for directors, employees, creditors and shareholders”. This publication provides details to access further information to assist creditors in circumstances where a company has been placed into voluntary administration. We specifically refer creditors to the Information Sheet 74 “Voluntary Administration: A Guide for Creditors” and Information Sheet 75 “Voluntary Administration: A Guide for Employees” which are available on the ASIC website at www.asic.gov.au.

8 COMMITTEE OF INSPECTION

The functions of a Committee of Inspection are to:

- ▲ Advise and assist us;
- ▲ Give directions to us (although we are not required to comply with such directions);
- ▲ Monitor the conduct of the administration;
- ▲ Perform such other functions as conferred on the Committee by the Act; and
- ▲ Do anything incidental or conducive to the performance of any of the above functions.

Only creditors and their representatives are able to be members of the Committee.

We request that any creditors who wish to be members of the Committee contact William Clement of our office prior to the Concurrent First Meeting of Creditors.

9 FURTHER INFORMATION

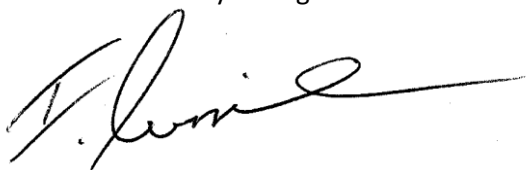
If creditors have any information which may assist us in our investigations, we ask that they contact our office as a matter of urgency.

Please note we are not required to publish notices in the print media. ASIC maintains an online notices page for external administrators to publish notices in respect of companies. Creditors are encouraged to visit <http://insolcencynotices.asic.gov.au> throughout the administration to view any notices which may be published by us. These notices may include:

- ▲ Notices relating to appointments;
- ▲ Notices of meetings of creditors;
- ▲ Notices of intention to disclaim property; and
- ▲ Notices calling for proofs of debt and intention to declare dividends

Should you have any further queries in relation to this report or the administration in general, please contact William Clement of our office on (07) 3220 0994 or at wclement@brifsq.com.au.

DATED this 29th day of August 2018



I A Currie
Joint & Several Administrator

Country Wellness Pharmacy Group of Companies (Administrators Appointed)

AUTHORISED SIGNATORIES' SPECIMEN SIGNATURES

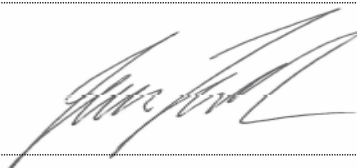
Ian Currie



Stefan Dopking



James Taplin



William Clement



DECLARATION OF INDEPENDENCE, RELEVANT RELATIONSHIPS AND INDEMNITIES ("DIRRI")

Country Wellness Pharmacy Group of Companies (Administrators Appointed)

A Practitioner appointed to an insolvent entity is required to make declarations as to:

- A. Their independence generally;
- B. Relationships, including:
 - i. The circumstances of the appointment;
 - ii. Any relationships with the Company and others within the previous 24 months;
 - iii. Any prior professional services for the Company within the previous 24 months;
 - iv. That there are no other relationships to declare; and
- C. Any indemnities given, or up-front payments made, to the Practitioner.

This declaration is made in respect of ourselves, our partners, BRI Ferrier Southern Queensland and the interstate offices of BRI Ferrier.

A. INDEPENDENCE

We, Ian Currie and Stefan Dopking of BRI Ferrier, have undertaken a proper assessment of the risks to our independence prior to accepting the appointments as Joint and Several Administrators of the following companies in accordance with the law and applicable professional standards:

Company Name:	ACN:	Trading Name:
Country Wellness Lifestyle Zuccoli Pty Ltd ("Rainmaker Café")	617 363 658	Rainmaker Cafe
Country Wellness Pharmacy Berry Springs Pty. Ltd. ("Berry Springs")	600 161 082	Berry Springs Country Wellness Pharmacy
Country Wellness Pharmacy Capalaba Park Pty. Ltd. ("Capalaba Park")	614 231 784	Direct Chemist Outlet Capalaba Park
Country Wellness Pharmacy Cumberland Park Pty Ltd ATF Country Wellness Pharmacy Cumberland Park Unit Trust ("Cumberland Park")	169 213 503	TerryWhite Chemmart Cumberland Park
Country Wellness Pharmacy Hibiscus Pty Ltd ATF Country Wellness Pharmacy Hibiscus Unit Trust ("Hibiscus")	600 613 518	TerryWhite Chemmart Hibiscus
Country Wellness Pharmacy Palmerston Pty Ltd ("Palmerston")	165 888 068	Priceline Pharmacy Palmerston
Country Wellness Pharmacy Palmerston No. 2 Pty Ltd ("Palmerston No. 2)	617 982 608	TerryWhite Chemmart Palmerston Gateway
Country Wellness Pharmacy Pty Ltd ("Save Mart")	147 950 294	Save Mart Pharmacy
Country Wellness Pharmacy Rosanna Pty Ltd ("Rosanna")	612 246 983	TerryWhite Chemmart Rosanna
Country Wellness Pharmacy Seaford Pty. Ltd. ("Seaford")	618 411 331	N/A
Country Wellness Pharmacy Toowoomba Pty Ltd ("Toowoomba")	606 013 727	TerryWhite Chemmart Grand Central
Country Wellness Pharmacy Wynnum Pty Ltd ("Wynnum")	160 351 342	TerryWhite Chemmart Selina Street
Country Wellness Pharmacy Zuccoli Pty. Ltd. ("Zuccoli")	610 163 785	TerryWhite Chemmart Zuccoli

(Collectively referred to as the Country Wellness Pharmacy Group")

These assessments identified no real or potential risks to our independence. We are not aware of any reasons that would prevent us from accepting this appointment.

B. DECLARATION OF RELATIONSHIPS

i. Circumstances of Appointment

These appointments were referred to us by Bennett & Philp Lawyers, the Company's solicitors. We believe that this referral does not result in a conflict of interest or duty because:

- ▲ There are no conditions on the conduct or outcome of the administrations of the Country Wellness Pharmacy Group attached to this referral; and
- ▲ Referrals from solicitors, financial advisors and accountants are commonplace and will not influence our ability to comply with our statutory and fiduciary duties as Administrators of the Country Wellness Pharmacy Group.

We had the following correspondence and meetings prior to our appointment:

- ▲ On 13 August 2018, Ian Currie received a telephone call from Bennett & Philp Lawyers regarding the possible voluntary administration of an unspecified group of pharmacies due to tax problems.
- ▲ On 21 August 2018, Ian Currie received a telephone call from Bennett & Philp Lawyers advising they were awaiting information and working through issues but may need to appoint an administrator to 10 pharmacies (again unspecified).
- ▲ On 23 August 2018, Ian Currie received a telephone call from Bennett & Philp Lawyers advising the possible voluntary administration was progressing as information was becoming available and that one (1) pharmacy was sold with settlement expected on 31 August 2018.
- ▲ On 24 August 2018, Ian Currie received a telephone call from Bennett & Philp Lawyers advising they had met with two (2) of the pharmacy group's directors and that the third director of companies within the Country Wellness Pharmacy Group was flying from Darwin to Brisbane on 27 August 2018 with a view to meeting with us and if appropriate, placing the pharmacies into voluntary administration. It was at this time that we became aware of the specific companies to be placed into voluntary administration and performed our conflict review.
- ▲ On 26 August 2018, Ian Currie received a telephone call from Bennett & Philp Lawyers advising they may need to make a court application to appoint us as Receivers of the Country Wellness Pharmacy Cumberland Park Unit Trust and Country Wellness Pharmacy Hibiscus Unit Trust, or alternatively, vary the respective trust deeds. Ian Currie was further advised that arrangements had been made to transfer the Country Wellness Pharmacy Group's credit balances held in its various bank accounts to Bennett & Philp's trust account so that once appointed, we would have funds to continue trading the businesses.
- ▲ On 27 August 2018, we met with the three (3) directors of the Country Wellness Pharmacy Group (Boon Wai Lim, Tee Han Tan & Yong Hui Leong), along with Bennett & Philp Lawyers, to discuss the voluntary administration process, give our consent to act and to formally appoint us as Voluntary Administrators of the Country Wellness Pharmacy Group.

We received no remuneration for this advice.

In our opinion, this advice does not affect our independence for the following reasons:

- ▲ The Courts and ARITA's Code of Professional Practice specifically recognise the need for Practitioners to correspond on the insolvency process and the options available and do not consider that such advice results in a conflict or is an impediment to accepting the appointment;

- ▲ The nature of the advice is such that it would not be subject to review and challenge during the course of the administration; and
- ▲ The pre-appointment advice will not influence our ability to be able to fully comply with the statutory and fiduciary obligations associated with the administration of the Company in an objective and impartial manner.

We have provided no information or advice to the Country Wellness Pharmacy Group, its directors and officers or its advisors prior to our appointment beyond that outlined in this DIRRI.

ii. Relative Relationships (excluding Professional Services to the Company)

We, or a member of our firm, have, or have had within the preceding 24 months, a relationship with:

Name of Party	Nature of Relationship	Reason why not an impediment or conflict
Australian Taxation Office ("ATO")	We and our interstate colleagues undertake and have undertaken work from time to time on behalf of the ATO and Ian Currie was previously on a panel of practitioners maintained by the ATO while the panel was in existence. The ATO is an unsecured creditor of the Country Wellness Pharmacy Group.	We believe that this relationship does not result in a conflict of interest or duty because our relationship with the ATO is conducted on an arm's length basis and will not impede our independence nor influence our ability to comply with our statutory and fiduciary duties as Administrator of the Country Wellness Pharmacy Group. Further, we are not precluded by the operation of the Act or the ARITA Code of Professional Practice from accepting the appointment.
Bank of Queensland Limited ("BOQ")	We have a professional relationship with BOQ having acted as Receiver and Manager, Liquidator and Administrator to various companies where BOQ has been the secured creditor. BOQ is a secured creditor of: <ul style="list-style-type: none"> ▲ Capalaba Park; ▲ Save Mart; and ▲ Toowoomba. 	We believe that this relationship does not result in a conflict of interest or duty because our appointment as Administrator and Administrator to companies where BOQ was the secured creditor were on normal commercial grounds and are in no way related to the administration of the Country Wellness Pharmacy Group.
Commonwealth Bank of Australia ("CBA")	We have a professional relationship with CBA having acted as Receiver and Manager, Liquidator and Administrator to various companies where CBA has been the secured creditor. CBA is a secured creditor of: <ul style="list-style-type: none"> ▲ Hibiscus; ▲ Rosanna; and ▲ Toowoomba. 	We believe that this relationship does not result in a conflict of interest or duty because our appointment as Administrator and Administrator to companies where CBA was the secured creditor were on normal commercial grounds and are in no way related to the administration of the Country Wellness Pharmacy Group.
National Australia Bank Limited ("NAB")	We have a professional relationship with NAB having acted as Receiver and Manager, Liquidator and Administrator to various companies where NAB has been the secured creditor. NAB is a secured creditor of Wynnum.	We believe that this relationship does not result in a conflict of interest or duty because our appointment as Administrator and Administrator to companies where NAB was the secured creditor were on normal commercial grounds and are in no way related to the administration of the Country Wellness Pharmacy Group.

Westpac Banking Corporation ("Westpac")	<p>We have a professional relationship with Westpac having acted as Receiver and Manager, Liquidator and Administrator to various companies where Westpac has been the secured creditor. Westpac is a secured creditor of:</p> <ul style="list-style-type: none"> ▲ Berry Springs; ▲ Cumberland Park; ▲ Save Mart; and ▲ Wynnum. 	<p>We believe that this relationship does not result in a conflict of interest or duty because our appointment as Administrator and Administrator to companies where Westpac was the secured creditor were on normal commercial grounds and are in no way related to the administration of the Country Wellness Pharmacy Group.</p>
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iii. Prior Professional Services to the Company

Neither we, nor our firm, have provided any professional services to the Company in the previous 24 months.

iv. No Other Relevant Relationships to Disclose

There are no other known relevant relationships, including personal, business and professional relationships, from the previous 24 months with the Company, an associate of the Company, a former insolvency practitioner appointed to the Company or any person or entity that has security over the whole or substantially whole of the Company's property that should be disclosed.

C. INDEMNITIES OR UP-FRONT PAYMENTS

We have been provided with the following indemnities for the conduct of this administration.

Please note that while we have been advised the following payments have been paid into Bennett & Philp's trust account, the funds have not been received by us at the time of signing this report.

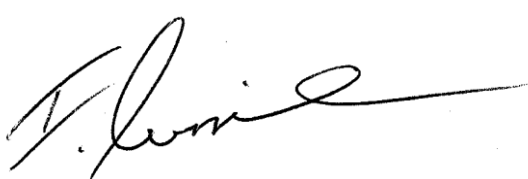
Name	Nature of Relationship	Reason why not an impediment or conflict
Rainmaker Cafe	The Company	The Indemnity Provider provided us with an upfront payment totalling \$3,500.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Rainmaker Cafe. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Berry Springs	The Company	The Indemnity Provider provided us with an upfront payment totalling \$74,900.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Berry Springs. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Capalaba Park	The Company	The Indemnity Provider provided us with an upfront payment totalling \$72,100.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Capalaba Park. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Cumberland Park	The Company	The Indemnity Provider provided us with an upfront payment totalling \$12,300.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding

		trading operations associated with the administration of the Cumberland Park. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Hibiscus	The Company	The Indemnity Provider provided us with an upfront payment totalling \$213,500.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Hibiscus. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Palmerston	The Company	The Indemnity Provider provided us with an upfront payment totalling \$32,000.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Palmerston. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Palmerston No. 2	The Company	The Indemnity Provider provided us with an upfront payment totalling \$334,000.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Palmerston No 2. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Save Mart	The Company	The Indemnity Provider provided us with an upfront payment totalling \$26,000.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Save Mart. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Rosanna	The Company	The Indemnity Provider provided us with an upfront payment totalling \$110,000.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Rosanna. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Toowoomba	The Company	The Indemnity Provider provided us with an upfront payment totalling \$7,000.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Toowoomba. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
Wynnum	The Company	The Indemnity Provider provided us with an upfront payment totalling \$68,000.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Wynnum. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.

Zuccoli	The Company	The Indemnity Provider provided us with an upfront payment totalling \$155.00 (including GST) to cover our initial remuneration and disbursements and to assist for funding trading operations associated with the administration of the Zuccoli. There are no conditions on the conduct or outcome of the administration attached to the provision of these up-front payments.
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This does not include statutory indemnities. We have not received any other indemnities or upfront payments that should be disclosed.

DATED this 29th day of August 2018



I A Currie
Joint & Several Administrator



S Dopking
Joint & Several Administrator

Note:

- If circumstances change, or new information is identified, we are required under the Corporations Act 2001 and the ARITA Code of Professional Practice to update this Declaration and provide a copy to creditors with our next communication as well as table a copy of any replacement declaration at the next meeting of the Company's creditors.*
- Any relationships, indemnities or up-front payments disclosed in the DIRRI must not be such that the Practitioner is no longer independent. The purpose of components B and C of the DIRRI is to disclose relationships that, while they do not result in the Practitioner having a conflict of interest or duty, ensure that creditors are aware of those relationships and understand why the Practitioner nevertheless remains independent.*

CORPORATIONS ACT 2001**NOTICE OF CONCURRENT FIRST MEETING OF CREDITORS OF COMPANY UNDER ADMINISTRATION**

Country Wellness Lifestyle Zuccoli Pty Ltd (Administrators Appointed) ACN 617 363 658
Trading As "Rainmaker Cafe"

Country Wellness Pharmacy Berry Springs Pty Ltd (Administrators Appointed) ACN 600 161 082
Trading As "Berry Springs Country Wellness Pharmacy"

Country Wellness Pharmacy Capalaba Park Pty. Ltd. (Administrators Appointed) ACN 614 231 784
Trading As "Direct Chemist Outlet Capalaba Park"

Country Wellness Pharmacy Cumberland Park Pty Ltd (Administrators Appointed) ACN 169 213 503
ATF Country Wellness Pharmacy Cumberland Park Unit Trust
Trading As "TerryWhite Chemmart Cumberland Park"

Country Wellness Pharmacy Hibiscus Pty Ltd (Administrators Appointed) ACN 600 613 518
ATF Country Wellness Pharmacy Hibiscus Unit Trust
Trading As "TerryWhite Chemmart Hibiscus"

Country Wellness Pharmacy Palmerston No. 2 Pty Ltd (Administrators Appointed) ACN 617 982 608
Trading As "TerryWhite Chemmart Palmerston Gateway"

Country Wellness Pharmacy Palmerston Pty Ltd (Administrators Appointed) ACN 165 888 068
Trading As "Priceline Pharmacy Palmerston"

Country Wellness Pharmacy Pty Ltd (Administrators Appointed) ACN 147 950 294
Trading As "Save Mart Pharmacy"

Country Wellness Pharmacy Rosanna Pty Ltd (Administrators Appointed) ACN 612 246 983
Trading As "TerryWhite Chemmart Rosanna"

Country Wellness Pharmacy Seaford Pty Ltd (Administrators Appointed) ACN 618 411 331

Country Wellness Pharmacy Toowoomba Pty Ltd (Administrators Appointed) ACN 606 013 727
Trading As "TerryWhite Chemmart Grand Central"

Country Wellness Pharmacy Wynnum Pty Ltd (Administrators Appointed) ACN 160 351 342
Trading As "TerryWhite Chemmart Selina Street"

Country Wellness Pharmacy Zuccoli Pty. Ltd. (Administrators Appointed) ACN 610 163 785
Trading As "TerryWhite Chemmart Zuccoli"

("The Country Wellness Pharmacy Group")

NOTICE IS GIVEN that a Concurrent First Meeting of the Creditors of the Country Wellness Pharmacy Group will be held at the University of Queensland Business School Executive Venue, Level 6, 293 Queen Street, Brisbane QLD 4000 on **Wednesday, 5 September 2018 at 10:00 am**.

AGENDA

- ▲ Whether to appoint Committees of Inspection and if so, who are to be the Committees' members; and
- ▲ Whether to remove the Joint and Several Administrators from office and appoint someone else as Administrator(s) of the Country Wellness Pharmacy Group (or individual companies within that Group).

Telephone conference facilities will be available at the meeting.

The telephone number to call is 1800 556 264 and your guest passcode is 668 5588 #.

Please note:

- (a) A person, or the proxy or attorney of a person, who wishes to participate in the meeting by telephone must give to the Administrators, not later than the second-last working day before the day on which the meeting is to be held, a written statement setting out:
 - (i) The name of the person and of the proxy or attorney (if any); and
 - (ii) An address to which notices to the person, proxy or attorney may be sent; and
 - (iii) A telephone number at which the person, proxy or attorney may be contacted; and
 - (iv) Any facsimile transmission number to which notices to the person, proxy or attorney may be sent.
- (b) A person, or the proxy or attorney of a person, who participates in the meeting by telephone must pay any costs incurred by the person, proxy or attorney in participating and is not entitled to be reimbursed for those costs from the assets of the Country Wellness Pharmacy Group.

Rule 75-85 of *Insolvency Rules (Corporations) 2016* (“the Rules”) provides for the entitlement to vote at a meeting of creditors as follows:

- ▲ A person other than a creditor (or the creditor's proxy or power of attorney) is not entitled to vote;
- ▲ A creditor has one vote;
- ▲ A person is not entitled to vote unless:
 - The person has lodged with the Administrators, particulars of debt or claim or if required, a proof of debt or claim; or
 - The creditor's claim has been admitted in whole or part.
- ▲ A creditor must not vote in respect of:
 - An unliquidated debt; or
 - A contingent debt; or
 - An unliquidated or a contingent claim; or
 - A debt the value of which is not established unless a just estimate of its value has been made.

Rule 75-86 of the Rules provides that a person from whom money is advanced to the Country Wellness Pharmacy Group as described in s 560 of the *Corporations Act 2001* is entitled to one vote at the meeting of creditors.

A secured creditor is required to value its security when lodging a proof of debt or claim in the administration pursuant to rr 75-85 and 75-87 of the Rules.

Rule 75-25(1)(c) of the Rules provides that if a creditor wishes to be represented at the meeting by an attorney, the creditor must arrange for the power of attorney to be produced to the Administrator at or before the meeting.

DATED this 29th day of August 2018

T. Lewis

I A Currie
Joint & Several Administrator

INITIAL REMUNERATION NOTICE

Country Wellness Pharmacy Group of Companies (Administrators Appointed)

The purpose of the Initial Remuneration Notice is to provide you with information about how we propose our remuneration for undertaking the administrations of the Country Wellness Pharmacy Group will be set.

REMUNERATION METHODS

There are four (4) basic methods that can be used to calculate the remuneration charged by an insolvency practitioner. They are:

Time-Based / Hourly Rates

This is the most common method. The total fee charged is based on the hourly rate charged for each person who carried out the work multiplied by the number of hours spent by each person on each of the tasks performed.

Fixed Fee

The total fee charged is normally quoted at the commencement of the administration and is the total cost for the administration. Sometimes a practitioner will finalise an administration for a fixed fee.

Percentage

The total fee charged is based on a percentage of a particular variable, such as the gross proceeds of asset realisations.

Contingency

The practitioner's fee is structured to be contingent on a particular outcome being achieved.

METHOD CHOSEN

Given the nature of these administrations, we propose that our remuneration be calculated on a Time-Based / Hourly Rates method. This is because:

- ▲ It ensures that creditors are only charged for work that is performed;
- ▲ We are required to perform a number of tasks which do not relate to the realisation of assets, for example responding to creditor and employee enquires, reporting to ASIC and creditors and performing numerous administrative tasks;
- ▲ We are unable to estimate with certainty the total amount of fees necessary to complete all tasks required in the administrations;
- ▲ We have a time recording system that can produce a detailed analysis of time spent on each type of task by each individual staff member utilised in the administrations;
- ▲ Time based remuneration calculates fees upon a basis of time spent at the level appropriate to the work performed; and
- ▲ The method provides full accountability in the method of calculation.

EXPLANATION OF HOURLY RATES

The rates for our remuneration calculation are set out in the following table together with a general guide showing the qualifications and experience of staff engaged in the administrations and the role they take in the administrations. The hourly rates charged encompass the total cost of providing professional services and should not be compared to an hourly wage.

Title	Description	Hourly Rate (excl. GST)
Appointee	Registered liquidator/trustee, his or her partner bringing specialist skills to the insolvency task	\$550.00
Director	Minimum of 12 years insolvency experience, at least 5 years at manager level, qualified accountant and capable of controlling all aspects of an administration. May be appropriately qualified to take appointments in his/her own right.	\$510.00
Senior Manager	More than 7 years insolvency experience, more than 3 years as a manager, qualified accountant. Answerable to the appointee but otherwise responsible for all aspects of administration. Experienced at all levels and considered very competent. Controls staff and their training.	\$460.00
Manager	6-7 years qualified accountant, with well-developed technical and commercial skills. Should be constantly alert to opportunities to meet clients' needs and to improve the clients' future operation either by revenue enhancement or by reducing costs and improving efficiency. Controls 2-4 staff	\$400.00
Supervisor	4-6 years. Qualified. Will have had conduct of minor administrations and experience in control of 1-3 staff. Assists planning and control of medium to larger jobs	\$365.00
Senior 1	2-4 Years. Qualifications would normally be completed within this period. Assists planning and control of small to medium sized jobs as well as performing some of the more difficult work on larger jobs.	\$305.00
Senior 2	1-2 years. Qualifications would normally be commenced during this period. Required to control the fieldwork on small jobs and is responsible for assisting complete fieldwork on medium to large jobs.	\$265.00
Intermediate 1	0-2 years. Graduate with little or no professional experience. Required to assist in day-to-day fieldwork under supervision of more senior staff	\$230.00
Intermediate 2	0-1 year. Trainee undertaking a degree with an accountancy major. Required to assist in day-to-day fieldwork under supervision of more senior staff.	\$195.00
Secretary	Appropriate skills	\$165.00
Junior	Required to assist in administration and day-to-day field work under supervision of more senior staff	\$150.00
Notes: <ol style="list-style-type: none"> The above rates quoted are GST exclusive. BRI Ferrier Southern Queensland's rates are intended only to be a guide as to the qualifications and experience of the staff engaged. It should be noted that in some instances staff may be engaged under an appropriate classification principally due to their experience. "Qualified" means CAANZ, CPA, Masters, ARITA or some recognised qualification above that of graduate. Time spent on matters is recorded and charged in 6 minute intervals. The rates are subject to increase from time to time. 		

ESTIMATED REMUNERATION

We estimate that total cost of the administrations of the Country Wellness Pharmacy Group, based on our preliminary investigations, as follows:

Company Name:	Estimated Remuneration (excluding GST) \$
Country Wellness Lifestyle Zuccoli Pty Ltd (Administrators Appointed)	20,000.00
Country Wellness Pharmacy Berry Springs Pty. Ltd. (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Capalaba Park Pty. Ltd. (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Cumberland Park Pty Ltd (Administrators Appointed) ATF Country Wellness Pharmacy Cumberland Park Unit Trust	25,000.00
Country Wellness Pharmacy Hibiscus Pty Ltd (Administrators Appointed) ATF Country Wellness Pharmacy Hibiscus Unit Trust	50,000.00
Country Wellness Pharmacy Palmerston Pty Ltd (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Palmerston No. 2 Pty Ltd (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Pty Ltd (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Rosanna Pty Ltd (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Seaford Pty. Ltd. (Administrators Appointed)	10,000.00
Country Wellness Pharmacy Toowoomba Pty Ltd (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Wynnum Pty Ltd (Administrators Appointed)	50,000.00
Country Wellness Pharmacy Zuccoli Pty. Ltd. (Administrators Appointed)	50,000.00

These estimates are also subject to the following variables which may have a significant effect on this estimate and that we are unable to determine until we have conduct further investigations:

- ▲ Preservation, protection and realisation of the assets and businesses of the Country Wellness Pharmacy Group including the costs of continuing to trade the Country Wellness Pharmacy Group (e.g. rent, stock purchases, wages, insurance, etc.), liaising with prospective purchasers and with creditors holding security over assets, instructing valuers and solicitors and corresponding with employees, suppliers and other stakeholders;
- ▲ Undertaking our statutory duties to investigate the affairs of the Company;
- ▲ Identifying and instituting legal claims to recover money for the benefit of creditors; and
- ▲ Preparing our Second Report to Creditors.

We received indemnities to contribute to the estimated costs of the administrations as disclosed in our Declaration of Relevant Relationships and Indemnities.

Approved remuneration may exceed the amount of these indemnities and can be paid from the assets of the administration after approval by creditors or the Court.

DISBURSEMENTS

Disbursements are divided into three (3) types:

- ▲ **Externally provided professional services** - these are recovered at cost. An example of an externally provided professional service disbursement is legal fees.
- ▲ **Externally provided non-professional costs** such as travel, accommodation and search fees - these are recovered at cost.
- ▲ **Internal disbursements** such as photocopying, printing and postage. These disbursements, if charged to the administration, would generally be charged at cost; though some expenses such as telephone calls, photocopying and printing may be charged at a rate which recoups both variable and fixed costs. The recovery of these costs must be on a reasonable commercial basis.

We are not required to seek creditor approval for disbursements paid to third parties but must account to creditors. However, we must be satisfied that these disbursements are appropriate, justified and reasonable.

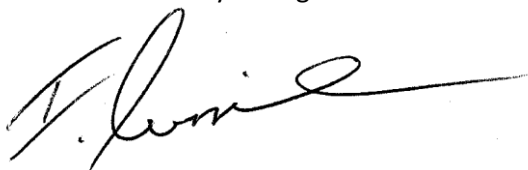
We are required to obtain creditor's consent for the payment of internal disbursements where there may be a profit or advantage. Creditors will be asked to approve our internal disbursements where there is a profit or advantage prior to these disbursements being paid from the administration.

The details of the basis of recovering disbursements in this administration are provided below:

Disbursement Type	Rate (excluding GST)
Externally provided professional services	At Cost
Externally provided non-professional services	At Cost
Internal disbursements	
Photocopying/Printing	\$0.50 per page
Telephone Calls	At Cost
Stationery	At Cost
Staff vehicle use	\$0.66 per km

Scale applicable for the financial year ending 30 June 2019

DATED this 29th day of August 2018



I A Currie
Joint & Several Administrator

Creditor Rights in Voluntary Administrations

As a creditor, you have rights to request meetings and information or take certain actions:



Right to request information

Information is communicated to creditors in a voluntary administration through reports and meetings.

In a voluntary administration, two meetings of creditors are automatically held. You should expect to receive reports and notice of these meetings:

- The first meeting is held within 8 business days of the voluntary administrator's appointment. A notice of meeting and other information for this meeting will be issued to all known creditors.
- The second, or decision, meeting is usually held within 6 weeks of the appointment, unless an extension is granted. At this meeting, creditors will get to make a decision about the company's future. Prior to this meeting the voluntary administrator will provide creditors with a notice of the meeting and a detailed report to assist in making your decision.

Important information will be communicated to creditors prior to and during these meetings. Creditors are unable to request additional meetings in a voluntary administration.

Creditors have the right to request information at any time. A voluntary administrator must provide a creditor with the requested information if their request is 'reasonable', the information is relevant to the voluntary administration, and the provision of the information would not cause the voluntary administrator to breach their duties.

A voluntary administrator must provide this information to a creditor within 5 business days of receiving the request, unless a longer period is agreed. If, due to the nature of the information requested, the voluntary administrator requires more time to comply with the request, they can extend the period by notifying the creditor in writing.

Requests must be reasonable.

They are not reasonable if:

- (a) complying with the request would prejudice the interests of one or more creditors or a third party
- (b) the information requested would be privileged from production in legal proceedings
- (c) disclosure would found an action for breach of confidence
- (d) there is not sufficient available property to comply with the request
- (e) the information has already been provided
- (f) the information is required to be provided under law within 20 business days of the request
- (g) the request is vexatious

If a request is not reasonable due to (d), (e) or (f) above, the voluntary administrator must comply if the creditor meets the cost of complying with the request.

Otherwise, a voluntary administrator must inform a creditor if their information request is not reasonable and the reason why.

Specific questions about the voluntary administration should be directed to the voluntary administrator's office.

Right to give directions to voluntary administrator

Creditors, by resolution, may give a voluntary administrator directions in relation to a voluntary administration. A voluntary administrator must have regard to these directions, but they are not required to comply with the directions.

If a voluntary administrator chooses not to comply with a direction given by a resolution of the creditors, they must document their reasons for not complying.

An individual creditor cannot provide a direction to a voluntary administrator.

Right to appoint a reviewing liquidator

Creditors, by resolution, may appoint a reviewing liquidator to review a voluntary administrator's remuneration or a cost or expense incurred in a voluntary administration. The review is limited to:

- remuneration approved within the six months prior to the appointment of the reviewing liquidator, and
- expenses incurred in the 12 months prior to the appointment of the reviewing liquidator.

The cost of the reviewing liquidator is paid from the assets of the voluntary administration, in priority to creditor claims.

An individual creditor can appoint a reviewing liquidator with the voluntary administrator's consent, however the cost of this reviewing liquidator must be met personally by the creditor making the appointment.

Right to replace voluntary administrator

At the first meeting, creditors have the right to remove a voluntary administrator and appoint another registered liquidator to act as voluntary administrator.

A creditor must ensure that they have a consent from another registered liquidator prior to the first meeting if they wish to seek the removal and replacement of a voluntary administrator.

Creditors also have the opportunity to replace a voluntary administrator at the second meeting of creditors:

- If creditors vote to accept a proposed deed of company arrangement, they can appoint a different registered liquidator as the deed administrator.
- If creditors vote to place the company into liquidation, they can appoint a different registered liquidator as the liquidator.

It is however usual for the voluntary administrator to act as deed administrator or liquidator. It would be expected that additional costs would be incurred by an alternate deed administrator or liquidator to gain the level of knowledge of the voluntary administrator.

Like with the first meeting, a creditor must ensure that they have a consent from another registered liquidator prior to the second meeting if they wish to seek to appoint an alternative registered liquidator as deed administrator or liquidator.

**For more information, go to www.arita.com.au/creditors.
Specific queries about the voluntary administration should be directed to the voluntary administrator's office.**



ASIC
Australian Securities &
Investments Commission

Insolvency information for directors, employees, creditors and shareholders

This information sheet (INFO 39) lists ASIC's information sheets for directors, employees, creditors and shareholders affected by a company's insolvency.

We have produced these with endorsement from the Australian Restructuring Insolvency & Turnaround Association (ARITA).

The information sheets give a basic understanding of the three most common company insolvency procedures – liquidation, voluntary administration and receivership – as well as the independence requirements for external administrators and approving external administrator remuneration. There is also a glossary of commonly used insolvency terms.

List of information sheets

- [INFO 41](#) Insolvency: A glossary of terms
- [INFO 42](#) Insolvency: A guide for directors
- [INFO 43](#) Insolvency: A guide for shareholders
- [INFO 45](#) Liquidation: A guide for creditors
- [INFO 46](#) Liquidation: A guide for employees
- [INFO 54](#) Receivership: A guide for creditors
- [INFO 55](#) Receivership: A guide for employees
- [INFO 74](#) Voluntary administration: A guide for creditors
- [INFO 75](#) Voluntary administration: A guide for employees
- [INFO 84](#) Independence of external administrators: A guide for creditors
- [INFO 85](#) Approving fees: A guide for creditors

Where can I get more information?

Further information is available from the [ARITA website](#). The ARITA website also contains the [ARITA Code of Professional Practice for Insolvency Practitioners](#).

This is **Information Sheet 39 (INFO 39)** updated on 1 September 2017. Information sheets provide concise guidance on a specific process or compliance issue or an overview of detailed guidance.

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS LIFESTYLE ZUCCOLI PTY LTD (ADMINISTRATORS APPOINTED)**
ACN 617 363 658
TRADING AS "RAINMAKER CAFÉ" ("THE COMPANY")

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY BERRY SPRINGS PTY LTD**
(ADMINISTRATORS APPOINTED)
ACN 600 161 082
TRADING AS "BERRY SPRINGS COUNTRY WELLNESS PHARMACY" ("THE COMPANY")

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY CAPALABA PARK PTY LTD**
(ADMINISTRATORS APPOINTED) ("THE COMPANY")
ACN 614 231 784
TRADING AS "DIRECT CHEMIST OUTLET CAPALABA PARK"

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY CUMBERLAND PARK PTY LTD (ADMINISTRATORS APPOINTED) ATF COUNTRY WELLNESS PHARMACY CUMBERLAND PARK UNIT TRUST ("THE COMPANY")**
ACN 169 213 503
TRADING AS "TERRYWHITE CHEMMART CUMBERLAND PARK"

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY HIBISCUS PTY LTD (ADMINISTRATORS APPOINTED) ATF COUNTRY WELLNESS PHARMACY HIBISCUS UNIT TRUST**
ACN 600 613 518
TRADING AS "TERRYWHITE CHEMMART HIBISCUS" ("THE COMPANY")

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose) ²	Total (Incl. GST) ³ \$	GST amount ⁴ \$	Remarks ⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY PALMERSTON PTY LTD**
(ADMINISTRATORS APPOINTED)
ACN 165 888 068
TRADING AS "PRICELINE PHARMACY PALMERSTON" ("THE COMPANY")

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001

FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY PALMERSTON NO. 2 PTY LTD**
(ADMINISTRATORS APPOINTED) ("THE COMPANY")
ACN 617 982 608
TRADING AS "TERRYWHITE CHEMMART PALMERSTON GATEWAY"

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose) ²	Total (Incl. GST) ³ \$	GST amount ⁴ \$	Remarks ⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY PTY LTD (ADMINISTRATORS APPOINTED)**
ACN 147 950 294
TRADING AS "SAVE MART PHARMACY" ("THE COMPANY")

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001

FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY ROSANNA PTY LTD**
(ADMINISTRATORS APPOINTED) ("THE COMPANY")
ACN 612 246 983
TRADING AS "TERRYWHITE CHEMMART ROSANNA"

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose) ²	Total (Incl. GST) ³ \$	GST amount ⁴ \$	Remarks ⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY SEAFORD PTY LTD**
(ADMINISTRATORS APPOINTED) ("THE COMPANY")
ACN 618 411 331

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY TOOWOOMBA PTY LTD**
(ADMINISTRATORS APPOINTED) ("THE COMPANY")
ACN 606 013 727
TRADING AS "TERRYWHITE CHEMMART GRAND CENTRAL"

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001

FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)

To the Administrators of: **COUNTRY WELLNESS PHARMACY WYNNUM PTY LTD**
(ADMINISTRATORS APPOINTED) ("THE COMPANY")
ACN 160 351 342
TRADING AS "TERRYWHITE CHEMMART SELINA STREET"

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose) ²	Total (Incl. GST) ³ \$	GST amount ⁴ \$	Remarks ⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

To the **Administrators** of: **COUNTRY WELLNESS PHARMACY ZUCCOLI PTY LTD**
(ADMINISTRATORS APPOINTED) ("THE COMPANY")
ACN 610 163 785
TRADING AS "TERRYWHITE CHEMMART ZUCCOLI"

1. This is to state that the Company was on **27 August 2018** and still is, justly and truly indebted to:

_____ ¹ ABN _____ for
 _____ dollars and _____ cents.

Particulars of the debt are:

Date	Consideration (state how the debt arose)²	Total (Incl. GST)³ \$	GST amount⁴ \$	Remarks⁵

2. 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 or any part of it except for the following⁶:

Date	Drawer	Acceptor	Amount	Due Date

*3. 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.

*3. I am the creditor's agent authorised in writing 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.

***Do not complete this part if this proof is made by the creditor personally.**

DATED this _____ day of _____ 2018

Signature Occupation

Name Daytime Telephone

Address Email Address

.....

OFFICE USE ONLY

REVIEWED BY:		ADMIT	\$
		GST INCLUDED ABOVE	\$
AUTHORISED BY:		REJECT	\$
Date entered:	/ /	WITHDRAW	\$
AMT. Per RATA	\$	CONSIDERATION	\$
		TOTAL PROOF	\$

DIRECTIONS

1. Insert full name and address of the creditor, and if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor.
2. Under "Consideration" state how the debt arose, for example "goods sold and delivered to the company between the dates of", or "moneys advanced in respect of the Bill of Exchange".
3. Total amount is inclusive of GST
4. Notate separately the GST portion of the total amount
5. Under "Remarks" include details of vouchers substantiating payment. Notate separately the GST portion of the total amount.
6. Insert particulars of all securities held. Where the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, specify them in a schedule in the above form.

OFFICE USE ONLY (tick appropriate)

Ranking of Claim	
Secured	
Priority	
Unsecured	

Type of Claim	
RATA	
Additional	
Employee	

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS LIFESTYLE ZUCCOLI PTY LTD (ADMINISTRATORS APPOINTED)****ACN 617 363 658****TRADING AS "RAINMAKER CAFÉ"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS LIFESTYLE ZUCCOLI PTY LTD** appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsq.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY BERRY SPRINGS PTY LTD (ADMINISTRATORS APPOINTED)****ACN 600 161 082****TRADING AS "BERRY SPRINGS COUNTRY WELLNESS PHARMACY"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY BERRY SPRINGS PTY LTD**appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY CAPALABA PARK PTY LTD (ADMINISTRATORS APPOINTED)****ACN 614 231 784****TRADING AS "DIRECT CHEMIST OUTLET CAPALABA PARK"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY CAPALABA PARK PTY LTD**appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**

BRI Ferrier

GPO Box 890

BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.⁽²⁾ Insert the name, address and description of the person appointed.⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY**

COUNTRY WELLNESS PHARMACY CUMBERLAND PARK PTY LTD (ADMINISTRATORS APPOINTED)
ATF COUNTRY WELLNESS PHARMACY CUMBERLAND PARK UNIT TRUST
ACN 169 213 503
TRADING AS "TERRYWHITE CHEMMART CUMBERLAND PARK"

I/We⁽¹⁾ _____ ABN: _____
 of _____
 a creditor of **COUNTRY WELLNESS PHARMACY CUMBERLAND PARK**
PTY LTD appoint⁽²⁾ _____
 or in his/her absence _____
 as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

- a) on all matters arising at the meeting; OR
 b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

.....
 Signature⁽⁴⁾

CERTIFICATE OF WITNESS⁽⁵⁾

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY HIBISCUS PTY LTD (ADMINISTRATORS APPOINTED)****ACN 600 613 518****TRADING AS "TERRYWHITE CHEMMART HIBISCUS"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY HIBISCUS PTY LTD**appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**

BRI Ferrier

GPO Box 890

BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.⁽²⁾ Insert the name, address and description of the person appointed.⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY PALMERSTON PTY LTD (ADMINISTRATORS APPOINTED)****ACN 165 888 068****TRADING AS "PRICELINE PHARMACY PALMERSTON"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY PALMERSTON PTY LTD**
appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
BRI Ferrier
GPO Box 890
BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY PALMERSTON NO. 2 PTY LTD (ADMINISTRATORS APPOINTED)****ACN 617 982 608****TRADING AS "TERRYWHITE CHEMMART PALMERSTON GATEWAY"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY PALMERSTON NO. 2****PTY LTD** appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsq.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY PTY LTD (ADMINISTRATORS APPOINTED)****ACN 147 950 294****TRADING AS "SAVE MART PHARMACY"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY PTY LTD** appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsq.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY ROSANNA PTY LTD (ADMINISTRATORS APPOINTED)****ACN 612 246 983****TRADING AS "TERRYWHITE CHEMMART ROSANNA"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY ROSANNA PTY LTD**appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY SEAFORD PTY LTD (ADMINISTRATORS APPOINTED)
ACN 618 411 331**

I/We⁽¹⁾ _____ ABN: _____
of _____

a creditor of **COUNTRY WELLNESS PHARMACY SEAFORD PTY LTD**
appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

- a) on all matters arising at the meeting; OR
b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

.....
Signature⁽⁴⁾

CERTIFICATE OF WITNESS⁽⁵⁾

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
BRI Ferrier
GPO Box 890
BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY TOOWOOMBA PTY LTD (ADMINISTRATORS APPOINTED)****ACN 606 013 727****TRADING AS "TERRYWHITE CHEMMART GRAND CENTRAL"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY TOOWOOMBA PTY LTD**appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY WYNNUM PTY LTD (ADMINISTRATORS APPOINTED)****ACN 160 351 342****TRADING AS "TERRYWHITE CEHMMART SELINA STREET"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY WYNNUM PTY LTD**appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

CORPORATIONS ACT 2001**APPOINTMENT OF PROXY****COUNTRY WELLNESS PHARMACY ZUCCOLI PTY LTD (ADMINISTRATORS APPOINTED)****ACN 610 163 785****TRADING AS "TERRYWHITE CHEMMART ZUCCOLI"**I/We⁽¹⁾ _____ ABN: _____

of _____

a creditor of **COUNTRY WELLNESS PHARMACY ZUCCOLI PTY LTD**appoint⁽²⁾ _____

or in his/her absence _____

as *my/our *general/special proxy⁽³⁾ at the Concurrent First Meeting of Creditors to be held on **Wednesday, 5 September 2018 at 10:00 am**, or at any adjournment of that meeting, to vote:

a) on all matters arising at the meeting; OR

b) on each of the following resolutions in the manner specified:

	For	Against	Abstain
i) That the appointment of the Joint and Several Administrators be ratified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) That a Committee of Inspection be appointed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED this _____ day of _____ 2018

Signature⁽⁴⁾ _____**CERTIFICATE OF WITNESS⁽⁵⁾**

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.

DATED this _____ day of _____ 2018

Signature of Witness _____

Description _____

Place of Residence _____

Appointment of Proxy forms should be completed and returned by no later than close of business on 4 September 2018 to be eligible to vote at the meeting.

RETURN TO: **Country Wellness Pharmacy Group of Companies (Administrators Appointed)**
 BRI Ferrier
 GPO Box 890
 BRISBANE QLD 4001

OR BY EMAIL: wclement@brifsg.com.au

⁽¹⁾ If a firm, strike out "I" and set out the full name of the firm.

⁽²⁾ Insert the name, address and description of the person appointed.

⁽³⁾ If a special proxy, add the words "to vote for" or the words "to vote against" and specify the particular resolution.

⁽⁴⁾ The signature of the creditor is not to be attested by the person nominated as proxy.

⁽⁵⁾ This certificate is to be completed only where the person giving the proxy is blind or incapable of writing.

REQUEST TO RECEIVE ELECTRONIC COMMUNICATIONS

Country Wellness Pharmacy Group of Companies (Administrators Appointed)

Section 600G of *the Corporations Act 2001* enables creditors to receive reports via email.

Should you wish to receive subsequent reports via email, please complete the information below and return this form to the below address:

By post: BRI Ferrier, GPO Box 890, Brisbane QLD 4001

Or via email: wclement@brifsq.com.au

Your Details

Creditor Name: _____

Name of Contact: _____

Address: _____

Email Address: _____

Signed: _____

Print Name: _____

Position: _____

Please Note: Please use a generic email address rather than a specific user address where possible (i.e. an Admin or Reception email address).