

The Official Liquidator
 Pacifico Global Advisors Ltd (in Official Liquidation)
 c/o Intelisys Ltd
 P.O. Box SP-64064
 Nassau
 Bahamas
 T. (242) 327 4001/3 E: pgaliquidation@intelisysltd.com

PROOF OF DEBT FORM

Please complete this form in block capital letters in its entirety and return it to us so that we may process your claim. This information will be used to send regular correspondence to you/your company which could be of a general or confidential nature.

Name of Customer or Client				
<input type="checkbox"/> Company	Full Name of company:			
<input type="checkbox"/> Individual	Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Contact Person (If Company):	Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Address				
Street:		Apt. #:	P.O. Box:	
City:	State:	Country:	Postal Code:	
Email Address of Contact:				
Telephone Number of Contact:			Fax Number of Contact:	
Amount of Claim (Principal and Interest if any):				
Currency:	Amount:	Amount in words:		
Summarize the basis of the claim (attach additional documentation to support your claim):				
Particulars (including valuation) of any security held including a list of relevant documentation:				
IMPORTANT: Details of supporting documents required for each category of claim are attached.				
Please Note: If you do not supply all information requested the Official Liquidator may not be able to fully review your claim. This may result in the rejection of part or your entire claim.				

I/We CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I/We undertake that, I/We will notify the Official Liquidator of any material changes affecting the completeness of details provided above.

I/We also hereby AUTHORISE the Official Liquidator to make such enquiries and seek such further information as they think appropriate in verifying the information given in this Proof of Debt form, or in any other documents submitted as part of this claim.

Signature: _____

Date: _____