

**Insolvency Act 1986**

Proxy (Special Administration)

**Boston Prime Limited – In Special Administration**

Name of Creditor

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Proxy Holder

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Please insert name of person (who must be 18 or over) or the Chairman of the Meeting. If you wish to provide for alternative proxy holders in the circumstances that your first choice is unable to attend please state the name(s) of the alternatives as well  
Please delete words in brackets if the proxy holder is only to vote as directed i.e. he has no discretion

I appoint the above person to be my/the creditor's proxy holder at the meeting of creditors to be held on or at any adjournment of that meeting. The proxy holder is to propose or vote as instructed below (and in respect of any resolution for which no specific instruction is given, may vote or abstain at his/her discretion).

*Voting Instructions for resolutions*

\*Please delete as appropriate

- 1 That the Special Administrators' proposals be approved. **For/Against\***
- 2 Under Rule 2.67A of the Insolvency Rules and in the absence of a Creditors' Committee, the unpaid pre-special administration costs as detailed in the Special Administrators' proposals be approved. **For/Against\***
- 3 Under Rule 2.106 of the Insolvency Rules and in the absence of a Creditors' Committee, the remuneration of the Special Administrators be fixed by reference to time properly spent by them and their staff in attending to matters arising from the Special Administration as detailed in the Special Administrators' proposals. **For/Against\***
- 4 That the Special Administrators be authorised to draw Category 2 disbursements in accordance with their firm's published tariff. **For/Against\***
- 5 The Special Administrators will be discharged from liability under Paragraph 98(2) of Schedule B1 to the Insolvency Act 1986 immediately upon their appointment as Special Administrators ceasing to have effect or at such time as specified by the Court **For/Against\***
- 6 For the appointment of \_\_\_\_\_  
of \_\_\_\_\_  
representing \_\_\_\_\_  
as a member of the creditors' committee

This form must be signed

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name in CAPITAL LETTERS** \_\_\_\_\_

Only to be completed if the creditor has not signed in person

**Position with creditor or relationship to creditor or other authority for signature**  
\_\_\_\_\_