

**ARROW INTERNATIONAL GROUP LIMITED (3383875)
(ADMINISTRATORS APPOINTED) (THE "COMPANY")**

CREDITORS CLAIM FORM

<p>NAME AND POSTAL ADDRESS OF CREDITOR IN FULL:</p> <p>Principal Contact:</p> <p>E-mail Address:</p> <p>Telephone Number:</p> <p>My Reference is: (if applicable)</p>	<p>* Any personal information collected is for the purpose of administering the claims in accordance with the Companies Act 1993.</p> <p>The information will be used and retained by BDO Auckland at Level 4, BDO Centre, 4 Graham Street, Auckland 1010 and will be released to other parties only with your authorisation or in compliance with the Privacy Act 1993.</p> <p>You may have access to and request correction of any personal information. (* Not applicable if creditor is not an individual entity within the meaning of the Privacy Act 1993)</p>
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NAME OF COMPANY IN ADMINISTRATION: ARROW INTERNATIONAL GROUP LIMITED (IN ADMINISTRATION)

I, (Name)

.....

(If claim is made on behalf of creditor, specify relationship to creditor and authority) claim that the Company was at the date it was put into voluntary administration indebted to the above named creditor for the sum of (Amount in words and figures):

.....

..... \$.....

STATUS OF CLAIM:

<p>1. I hold no security for the claimed amount</p> <p>2. I hold a security interest in respect of certain assets of the Company and I attach supporting documents In respect of such claimed security interest</p> <p>3. I am surrendering the security I hold and I am claiming as an unsecured creditor</p> <p>4. I am making a preferential claim <i>(refer details on reverse of this form)</i></p>	<p>TICK</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>				

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

SIGNED:	Date:										
<p>Received (Date Stamp)</p>	<p>RESERVED FOR OFFICE USE:</p> <p>Claim admitted/rejected for voting purposes: (Delete one)</p> <table style="width:100%;"> <tr> <td style="border: 1px solid black; width: 50%;">Signed:</td> <td style="border: 1px solid black; width: 50%;">Date:</td> </tr> </table> <p>Claim Rejected for Payment:</p> <table style="width:100%;"> <tr> <td style="border: 1px solid black; width: 50%;">Signed:</td> <td style="border: 1px solid black; width: 50%;">Date:</td> </tr> </table> <p>Or</p> <p>Claim Admitted for distribution under DOCA (if applicable):</p> <table style="width:100%;"> <tr> <td style="width:33%;">Preferential Claim for:</td> <td style="width:33%;">Ordinary Claim for:</td> <td style="width:33%;">Deferred claim for:</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">\$</td> <td style="border: 1px solid black; text-align: center;">\$</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> </table>	Signed:	Date:	Signed:	Date:	Preferential Claim for:	Ordinary Claim for:	Deferred claim for:	\$	\$	\$
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