

PROXY FORM

Sound Diagnostics Pty Ltd (Administrators Appointed) (Controllers Appointed)

ACN: 116 377 201

APPOINTMENT OF PROXY

I/We (*if a firm, strike out "I" and set out the full name of the firm*) _____ of

_____ (*insert address*)

a creditor of **Sound Diagnostics Pty Ltd (Administrators Appointed) (Controllers Appointed)** appoint

_____ (*insert name, address and description of the person appointed*)

or in his or her absence

_____ (*insert name, address and description of the person appointed*)

as my/our general proxy to vote at the meeting of creditors to be held on 4 June 2020 at 1.15PM (ACST) or at any adjournment of that meeting.

DATED this _____ day of _____ 20

Name _____

Signature _____

Notes:

- 1) If a firm, strike out "I" and set out the full name of the firm.
- 2) Insert name, address and description of the person appointed.
- 3) If the creditor is a sole trader, the proprietor must sign the proxy form.
- 4) If the creditor is a partnership, a partner of the partnership must sign the proxy form.
- 5) If the creditor is a company, a director or an authorised representative must sign the proxy form.

Proxy forms should be completed and returned by no later than 5.00PM ACST on Wednesday 3 June 2020 to acleuet@mcgrathnicol.com.

RETURN TO: **Sound Diagnostics Pty Ltd (Administrators Appointed) (Controllers Appointed)**

of care of McGrathNicol

Address: GPO Box 9986, Perth WA 6848, Australia

Phone: +61 8 6363 7600

Fax: +61 8 6363 7699