

PROXY FORM

Khaled El-Sheikh Pty Ltd (Administrators Appointed)

**Trading as Tristar Medical Group
(Tristar or the Company)**

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 **Khaled El-Sheikh Pty Ltd (Administrators Appointed) trading as Tristar Medical Group** 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 3 June 2022 at 2.30pm (AEST) or at any adjournment of that meeting.

DATED this _____ day of _____ 2022

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.
If the creditor is a partnership, a partner of the partnership must sign the proxy form.
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 4.00 PM (AEST) on Wednesday 1 June 2022 by email (preferred) to fm-tristarcreditors@mcgrathnicol.com or by post to the following address.

RETURN TO: **Khaled El-Sheikh Pty Ltd (Administrators Appointed)**

of care of McGrathNicol

Address: GPO Box 9986, Melbourne VIC 3001

Phone: +61 3 9038 3100

Fax: +61 3 9038 3199