

## Rule 8.1 Insolvency Act 1986

Form 8.2

## Proxy (Administration)

## GOLDTRAIL TRAVEL LIMITED

Notes to help completion of the Form

Please give full name and address for communication

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please insert name of person (who must be 18 or over) or the "chairman of the meeting" (see note below). 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 alternative(s) as well

Name of proxy-holder

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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 **24 September 2010**, 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. For the acceptance / rejection\* of the administrator's proposals as circulated.

2. For the appointment of: \_\_\_\_\_

of: \_\_\_\_\_

representing: \_\_\_\_\_

as a member of the creditor's committee

3. For the acceptance / rejection\* of the payment of unpaid pre-administration costs and disbursements in accordance with Rule 2.67(A) (in the absence of a creditor's 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 \_\_\_\_\_  
\_\_\_\_\_

Remember: there may be resolutions on the other side of this form.

| Particulars of claim for voting purposes                        | £ |
|---|---|
| Total claim (incl. VAT) at (PLEASE ATTACH A STATEMENT OF CLAIM) |   |

|   |  |
|---|--|
| Estimated value of security held (if any) |  |
|---|--|

|                               |
|-------------------------------|
| Particulars of security _____ |
|-------------------------------|

Please return this form with supporting proof of debt to : Begbies Traynor, The Old Exchange, 234 Southchurch Road, Southend-on-Sea, Essex, SS1 2EG; or by fax to 01702 467 201; or by e-mail to [Southend@begbies-traynor.com](mailto:Southend@begbies-traynor.com)