

PROXY FORM

Notes to help completion of this form

Primeo Fund (in official liquidation)

Please give full name and address for communication.

NAME OF CREDITOR OR INVESTOR _____

ADDRESS _____

EMAIL 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).

NAME OF PROXY HOLDER

1. _____

2. _____

3. _____

I appoint the above person to be my/the* investor's/creditor's proxy-holder at the meeting of investors and creditors to be held on 6 October or at any adjournment of that meeting.

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 MEMBER OR RELATIONSHIP TO CREDITOR OR OTHER AUTHORITY FOR SIGNATURE

PLEASE NOTE THAT IF YOU NOMINATE THE CHAIRMAN OF THE MEETING TO BE YOUR PROXY-HOLDER HE WILL BE ONE OF THE JOINT LIQUIDATORS OF THE ABOVE COMPANY.

(* - Delete as applicable)