

Example Only

I. PRACTITIONER AND PARTNERS



Your letter head and ABN

Insolvency Services
ABN 999 000 999
Level 52
Big Street
SYDNEY 2000
Ph 02 5555 5555
Fx 02 7777 7777

1 February 2006

Ref: AAAAAAA

Department of Education, Employment and Workplace Relations
GPO BOX 9880
CANBERRA ACT 2601

Attention: Case Manager

Dear Sir/Madam

QUOTATION

Example Pty Ltd (in Liquidation)
ACN 999 999 999

Omit if distributing only

I refer to your correspondence regarding the verification of employee claims of the above company.

I agree to verify and distribute outstanding employee entitlements to eligible Example Pty Ltd (in Liquidation) employees.

My fees to verify and distribute the entitlements are as follows:

- \$XXX per employee for verifying claims
- \$XXX per employee for distribution

Calculation of amount for each Service per employee GST INCLUSIVE

A total of \$XXX per employee for up to **XX** employees.

I confirm that there are insufficient funds available to Example Pty Ltd (in Liquidation) to cover my fees for verifying and distributing employee entitlements. I also confirm that I will not claim any fees in the insolvency of Example Pty Ltd (in Liquidation) in respect of the verification and distribution of employee entitlements performed on behalf of the Department of Education, Employment and Workplace Relations.

If you have any questions regarding this matter please contact I Practitioner at this office.

Yours faithfully

Total of combined services GST INCLUSIVE

Number of possible employees expected to claim

I Practitioner
Official Liquidator