

Proxy (Administration)

Freepower Ltd (In Administration)

Name of Creditor _____

Address _____

Please insert name of person (who must be 18 or over) or the Chairman 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 alternatives 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/member's proxy holder at the meeting of creditors to be held on 7 June 2011 at 3pm at Peter Hall, Unit 15E, 2 Venture Road, Chilworth, Southampton SO16 7NP, 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

That the Administrator's proposals be approved ACCEPT/REJECT*

*Please delete as appropriate

That appropriate unpaid pre Administration fees and pre Administration expenses be approved by creditors for payment ACCEPT/REJECT*

That the Administrator's remuneration be agreed on a time cost basis, subject to approval by the creditors' committee, if appointed and by the creditors if no committee is appointed ACCEPT/REJECT*

That a creditors committee be appointed ACCEPT/REJECT*.

That upon the Company either proceeding into Company Voluntary Arrangement, Liquidation or dissolution, the Administrator is discharged from liability 14 days following either the Company entering into Company Voluntary Arrangement, Liquidation or filing the notice of moving from Administration to dissolution.

1.

For the appointment of (name) _____

of (Firm) _____
as Liquidator of the Company

2.

For the appointment of (name) _____

of (Firm) _____
as Supervisor of the Company

If you wish to appoint a member of the creditors committee, please complete the following:-

For the Appointment of _____ (name of individual)

of _____ (company/organisation name)

Representing _____ (name of creditor)

As a member of the creditors 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.