

**LLC IN VOLUNTARY LIQUIDATION  
PROOF OF DEBT**

**APPENDIX 18**

Agent:  File No.

Entity in Liquidation

1	Creditor's Name	Cayman Islands General Registry Department				
2	Creditor's Address and relevant contact details	Ground Floor, Gov. Admin Bldg., Elgin Avenue, George Town, Grand Cayman, Cayman Islands Telephone: (345) 946-7922 Fax: (345) 949-0969 Email: cigenreg@gov.ky				
3	Amount of Claim				\$ -	
	Principal				N/A	
	Interest (if any)				N/A	
	<b>Total</b>				\$ -	
4	Summarise the basis upon which the claim arises	<b>Annual Fees</b>				
		Fee year	Annual Fee	Penalty	Amount paid	Total
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
		<b>Other Penalties Outstanding</b>				
		Late filing of Managers				
		No registered office				
		Late filing of Name Change				
		Late filing of change in Registered Office				
		Late filing of Change in terms				
5	List of supporting documentation (copies of which must be attached)	<input type="checkbox"/> Register of Managers <input type="checkbox"/> Certificate of Amendment <input type="checkbox"/> Resignation of Registered Office				
6	Summarise basis for interest claim	N/A				
7	Interest calculation	N/A				
8	Particulars of any security held including a list of the relevant documentation	N/A				
9	Value of the security and date of valuation	N/A				

Please note that fees are calculated up to ; thereafter fees will accrue in accordance with the Limited Liability Companies Law, 2016 until dissolved

Date \_\_\_\_\_

(Sig.) \_\_\_\_\_

(Name)

(Title)

Please make cheques payable to: Cayman Islands Government  
**For overseas clients:** Payment should be made by Banker's Draft/Cashier's Check or an International Money Order

**IF PAYMENT WAS MADE PLEASE DISREGARD THIS NOTICE**