

# COBALTAIR LIMITED – IN LIQUIDATION

## Claim Form

Name and address of creditor / claimant:

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Amount claimed: € \_\_\_\_\_

Signature: \_\_\_\_\_

Name and position of signatory: \_\_\_\_\_  
(if the creditor / claimant is not a physical person)

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form, together with supporting documentation, to:

COBALTAIR LTD (in liquidation)  
P O Box 23907  
1687 Nicosia  
CYPRUS