

### Story Overview

Dr Robert Cooke lost a lifetime's work thanks to CBA's unconscionable conduct. Expert witness John Salmon considers this one of the most outrageous asset stripping operations he has investigated.

Despite the facts of the case CBA has very much opposed a reasonable settlement with Dr Cooke. Fortunately times have changed and the current CEO Matt Comyn appears more inclined to work with the victims that past CEOs preferred to ignore and abuse.

Story Details **Story Of:** Dr Robert Cooke

**Bank Involved:** CBA

**Bank Malpractice Type:** Unconscionable Conduct

**Did You Receive Effective Help?:** No



## Bad Banking Experience - Full Story:

### Dr Robert Cooke - Victim of Commonwealth Bank Australia (CBA)

John Salmon (famous bank whistleblower - ex-bank manager - NAB) has analysed this case and considers Dr Cooke a victim of an outrageous asset stripping operation. He was certainly a victim of the CBA's shadow ledger system which is well described in Mr Salmon's report "Shadow Ledgers and the Default Process in the Australian Banking Sector."

In this document he states -

"In the case of a Commonwealth Bank foreclosure of businesses owned by Dr Robert John Cooke, the CBA sold a slab of the borrower's assets for between \$720-\$730,000, yet Cooke had obtained a registered valuer's appraisal which placed value on the business of \$10.8 million"... In the Cooke case, not only was the sale under value, but the bulk of the initial sale proceeds has been appropriated by the bank (or parties unknown). Given that Cooke's equipment assets were sold at net \$704,000, an amount of only \$34,452.26, representing approximately 5% of those proceeds, appears on the borrower's shadow ledger record (labeled "Receiver's Distribution"). Who received the residual 95% and on what authority? The CBA was not prepared to divulge the reason for this blatant discrepancy. At the same time, as per usual, the bank was not prepared to discover the relevant account, whose entries in all probability would have disclosed how the "residual" 95% of proceeds had been appropriated."

In addition, Dr Cooke's family home, a trust asset, was seized illegally by the bank and sold at under value to friends of Ross Griffiths, the Chief Receiver of the CBA (see the table of events attached). The house was valued at \$2.5M and Dr Cooke has yet to see any proceeds from the sale. No-one appears to know exactly what the house was sold for, however, the house was sold not long after that for substantially more, and again in 2006 for \$1,760,000. The house was then sold again in October 2013 for \$2.8M. This house was to be the family's superannuation fund.

Dr Salmon claims that discretion coupled with secrecy are ideal conditions conducive to bankruptcy of the customer. Driving a former customer into bankruptcy prevents that customer from taking legal action against the lender. Bankruptcy status can be readily pursued if the customer is left with a residual debt after sale and realization of assets. Sale of assets under value (or recording of less than the sale value) is a ready vehicle for ensuring that a residual debt is contrived.

At the time of bankruptcy, he had not been in arrears of the bank loan and in fact was paying an additional \$45,000 per month until the bank refused to allow him to pay anymore off the loan for two or three months before bankruptcy. On the day of bankruptcy, the bank alleged that it was owed \$9M when the actual amount was around \$2M and the chattel mortgage was similarly reduced, and yet, according to the bank's shadow ledger, Dr Cooke was in arrears to the tune of \$9M without any evidence of how this figure was arrived at.

In summary, the Commonwealth Bank bankrupted Dr Cooke and stripped him of all his assets, destroyed his professional standing in the community, destroyed his practice, destroyed his relationship with his family who have disowned him as a consequence of the bank's actions and left him destitute. Dr Cooke's hard work was an enormous benefit to the Queensland health system which was in crisis at the time. His centres have saved many lives. The reward he should have received for his work was stolen by greedy, envious and malevolent forces working in and with CBA. **This is unconscionable, intolerable and not something the bank can cover up any longer.**

### **The facts are:**

The CBA falsely claimed that the loans made to Dr Cooke and his company by Donald Nissen, State Manager of Queensland, were not approved by Head Office in Sydney, even though he had established and managed the first private emergency centre at the Mater Private in 1988, then opened St Andrews Hospital in 1993. At the same time he was establishing the private emergency centres in Cairns and Sydney over the next two years, with the encouragement and support of Donald Nissen who stated "these centres were of enormous benefit to the public."

The Chief Receiver of the Commonwealth Bank - Ross Griffiths - appeared on the scene from Sydney and stated that Donald Nissen had no right to loan the money. This was the start of Dr Cooke's battle with the Commonwealth Bank which appeared to have been generated by a political battle within the bank during the period of privatisation. More likely the whole scenario was a set up and Nissen's removal from the scene was just a part of it.

The CBA falsified documents that enabled them to seize the family home, a trust asset, and sell it illegally. The home was never a part of the asset backing of the loans, which were not in default until the bank prevented further loan repayments.

Ross Griffiths refused to accept a cash repayment of the loan by a well-respected businessman, Mr Dirk Karreman, to the tune of \$3M. Dirk has provided a stat dec to this effect.

CBA sold Dr Cooke's assets, without his knowledge, before he was bankrupted at under value and then kept 95% of the proceeds for distribution to others.

The bank's appointed receiver, Ian Hall, had set up the sale of the priority emergency centres under the instruction of Ross Griffiths some time before the bankruptcy with the sales being formalized on the day of the bankruptcy.



Due to the operation of the shadow ledger Dr Cooke has never received satisfactory bank statements.

If the emergency centres were not illegally taken from Dr Cooke and continued operating on the principles established by him - then, based on today's values, the centres would have returned up to \$33M annually over the past twenty years. ie The emergency centres continued to prosper to the benefit of others, but not for Dr Cooke.

Finally, Ross Griffiths as the chief receiver of the Commonwealth Bank advised Dr Cooke in his first meeting that "assholes like me should not exist, and that he would crush me into the round so that I would never rise again." He also advised Dr Cooke that he would be using him as an example to other doctors that they were not businessmen. Further, when Mr Dirk Karreman attended Ross Griffiths' offices in Sydney to pay out Dr Cooke's loan in cash, he was forced to wait 3 hours and was then treated with inappropriate abuse before Ross Griffiths refused to accept the money - **Dr Cooke understands this to be a criminal offence where a bank refuses payment of an account.**

CBA's treatment of Dr Cooke displays all the elements of the most heinous bank crimes that have led to the establishment of the 2018 Banking Royal Commission and indeed - six years ago - the Bank Reform Now campaign for justice and reform.

The environment has now changed and bankers will no longer be able to get away with these abuses of law to harm their clients and enrich themselves & shareholders. Just because something is legal - or made to look legal - doesn't mean it is OK.

**File Attachments:**  [Cooke Vs CBA Timeline](#)

 [Dr Cooke Vs CBA - Feb 2019 Senate Submission](#)

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