

Government Notice No. 13 of 2012

THE INSOLVENCY ACT

Regulations made by the Minister under section 411(1)(a) of the Insolvency Act

1. These regulations may be cited as the Insolvency (Prescribed Forms) Regulations 2012.
2. In these regulations –
“Act” means the Insolvency Act.
3. For the purposes of –
 - (a) sections 15, 25 and 79 of the Act, a statement of affairs shall be in the form specified in the First Schedule;
 - (b) section 79 of the Act, a proposal shall be in the form specified in the Second Schedule;
 - (c) section 81(1)(e) of the Act, a postal vote shall be in the form specified in the Third Schedule;
 - (d) section 86 of the Act, an application for a summary instalment order shall be in the form specified in the Fourth Schedule;
 - (e) section 180 of the Act, a statutory demand shall be in the form specified in the Fifth Schedule;
 - (f) section 222(2)(d) of the Act, the account shall be in the form specified in the Sixth Schedule;
 - (g) section 374(2) of the Act, a notice shall be in the form specified in the Seventh Schedule;

- (h) item 12(2) of the Second Schedule to the Act, the valuation and the proof shall be in the form specified in the Eighth Schedule.

Made by the Minister on 26 January 2012.

FIRST SCHEDULE

[Regulation 3(a)]

<p>THE INSOLVENCY ACT STATEMENT OF AFFAIRS <i>(section 15, section 25, section 79)</i></p>	<p>For Office Use S15, 25, 79/IS 1</p>
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IN THE SUPREME COURT OF MAURITIUS

I, residing at (*address*),
holder of a National Identity Card Number make
oath / solemn affirmation as a and state that :

1. The attached Statement of Affairs is to the best of my knowledge and belief a full, true, complete and faithful disclosure of my affairs as at this date.
2. That I have not concealed, removed, embezzled or destroyed any part of my estate, assets (real or personal), books of accounts, paper or writing in relation thereto with intent to defraud my creditors.

Sworn / solemnly affirmed by me.
At Chambers, Supreme Court, Port Louis,
This day of 20..

Before me

Supreme Court

STATEMENT OF AFFAIRS*(pursuant to section 15, 25 and 79)*

NIC No:

BR No:

This form shall be used in relation to –

- (i) a case of a debtor's petition (s.15), or
- (ii) following a bankruptcy order (s.25), or
- (ii) a proposal by an insolvent (s.79)

This Statement of Affairs being filed in respect of:

- (i) your own petition
- (ii) a bankruptcy order
- (iii) a proposal

PART A – PERSONAL DETAILS

1a. Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms		
1b. Surname:			
1c. Name(s):			
1d. Maiden name (if applicable):			
1e. Any other commonly known name(s):			
1f. Date of birth:	/ /	1g. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1h. Residential address:			

1i. Any other address:			
1j. Postal address (if any):			
1k. Telephone No:	Home:	Office:	Mobile:
1l. Email address:			

Employment

2. Select the option that best describes your current/employment status.

<input type="checkbox"/> Employed	Please state current occupation:		
	Please state name of employer:		
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Associé	Please provide details:	
	<input type="checkbox"/> Partner	Please provide details:	
	<input type="checkbox"/> Shareholder	Please provide details:	
<input type="checkbox"/> Unemployed			
<input type="checkbox"/> Retired			
<input type="checkbox"/> Student			
<input type="checkbox"/> Other (please specify)			

PART A – PERSONAL DETAILS (cont'd)
Cause of Insolvency

3. Select the cause(s) of your insolvency.

Cause	Main (select only one)	Subsidiary
Unemployment or loss of income		
Ill health/any addiction		
Gambling		
Speculation		
Extravagance in living		
Legal separation or divorce		
Excessive interest payments/ drawings/use of overdraft/credit facilities		
Liabilities due to guarantees		
Adverse legal action		
Lack of sufficient working capital		
Inability to collect debts / bad debts		
Economic conditions, including external factors, increased competition / costs		
Unfavourable seasonal conditions		
Failure to keep proper accounting records		
Other (please specify)		

Income

4. Please provide details of all the income and benefits you receive.

Type of income	Received from	Net monthly amount received (Rs)

No. of persons in your household

5a. Name of spouse/partner who lives with you (if any)	
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5b. List down the dependents who rely on your income or benefit, whether they live with you full time or not.

(e.g. school aged children, parents, invalid relatives who do not receive a benefit)

Full Name	Relationship	Age

Passport/travel documents

6. If you are holder of a passport/travel document, please provide details as follows:

Number	Date of issue	Place of issue	Expiry date
	/ /		/ /
	/ /		/ /

PART B – BACKGROUND TO INSOLVENCY

7. When did you become unable to pay your debts as they became due?	/ /	
8a. Have you ever been in a Summary Instalment Order or Bankruptcy before?	<input type="checkbox"/> No <input type="checkbox"/> Yes	8b. Select which form of insolvency: <input type="checkbox"/> Summary Instalment order <input type="checkbox"/> Bankruptcy
8c. What year, and where was this?	Year:	
9a. Are you currently involved in any court case?	<input type="checkbox"/> No <input type="checkbox"/> Yes If, yes, please give details	
9b. Nature of the case – select which:	Criminal Court / Civil Court / Family Court	
9c. If it relates to a debt owed by you, how much is being claimed against you?	Rs	Please provide a copy of the summons and / or the Statement of Claim.
9d. If it relates to a debt owing to you, how much are you claiming?	Rs	
9e. Name of other party?		
10a. Have any of your possessions or property been seized in the past 6 months, e.g. by Court?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what was seized, by whom, and when.	

<p>10b. Have you disposed of/ transferred any of your possessions or property (including money) in the past 2 years?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what you disposed of / transferred, to whom, and when.</p>	
<p>10c. Has any person or organisation left any possessions or property (including money) in your care?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what was left, by whom, and when.</p>	
<p>10d. Does any person or organisation have any of your property (including money)?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what the property is, who has it, and when.</p>	
<p>10e. As a result of pressure for payment from creditors, have you in the past 2 years paid over and above your normal repayments to any creditor, given or surrendered assets to creditors?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of who you paid, how much you paid, and when.</p>	
<p>10f. Have you raised any loans (e.g. mortgage, personal loan) using any of your possessions or property as security in the past 12 months?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of how the money was raised, who lent it, over what property.</p>	

PART C – ASSETS

Please only list assets that are personal to you or jointly held. **Do not include business, partnership or company assets.** These will be listed in Section F.

11a. Please provide details of any bank accounts (local and overseas).

Bank Name	Account name	Joint?	Account Number	Balance (Rs)

11b. If any of the above accounts are jointly held, state your relationship to the co-owner:

Personal Items of Value

12a. Please list your personal belongings below.

Examples of assets or items of value may be jewellery, cameras, artworks, antiques, copyrights/intellectual property.

Do not include general household furniture and items on hire purchase as this information is required in Section D.

Note that you will be able to retain personal belongings and household effects (not more than Rs100,000 or such other amount as may be agreed by creditors) and tools of trade (not more than Rs100,000 or such other amount as may be agreed by creditors).

Description of asset	Location of asset	Approximate age	Estimated resale value (Rs)	Jointly owned
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

12b. Please provide details of the co-owner of the asset(s):

Name	Address	Phone number

Money Owed to You

Include money owed by friends and family, unpaid wages etc.

13a. Please list down all your debtors.

Name	Address	Date of Debt	Original amount owed (Rs)	Amount currently owing (Rs)

PART C – ASSETS (cont'd)

Immovable Property

14a. Do you own or lease any land or buildings, including State land?

No Yes If yes, please give details.

14b. Address of property:			
14c. What type of property is it?	<input type="checkbox"/> Residential	<input type="checkbox"/> Agricultural	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other give details.	
14d. Is the property jointly owned?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.		
	Name(s) and contact details of co-owner(s):		
14e. Market value:	Rs		
14f. Are there mortgages/charges on this property?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.		
		Mortgage/ charge	Mortgage/ charge
	Name of mortgagee/ charge holder:		
	Amount owing:	Rs	Rs
14g. Is the property insured?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.		
	Name and contact details of the insurer or broker:		
	Insurance policy number:		

14h. Is the property rented out?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	
	Monthly rental:	Rs
	Name of tenant:	
	Account name (if any):	
	Account number:	

Inherited Property / Deceased Estate

15. In the last 2 years, have you inherited money or assets by way of succession/donation and/or are you owed money or assets from a deceased estate?

No Yes If yes, please give details.

	Property inherited	Deceased estate
Name of donor/deceased:		
Relationship to you:		
Estimated value of your share (including "in indivis")		
Name and contact details of the person or organisation administering the estate:		

PART C – ASSETS (cont'd)

Motor Vehicles

16a. Are you the owner of any vehicles? *e.g. a car, motorcycle, truck, bus, trailer, tractor, boat, etc.*

No Yes If yes, please give details.

16b. Do you use any vehicle on lease or a work vehicle?

No Yes If yes, please give details.

	Vehicle 1	Vehicle 2	Vehicle 3
Type of vehicle			
Registration number			
Year, make and model			
Name of owner			
Estimated resale value			
Is vehicle financed or security for a loan?			
Loan or hire purchase / leasing company			
Amount outstanding	Rs	Rs	Rs

Other Assets

17. Do you own any shares/investments either in Mauritius or overseas? *e.g. Government bonds, unit trust investments, etc.*

No Yes If yes, please give details.

Name of company	No. of shares/Amount invested	Market value (Rs)

18. Do you own any Life Insurance policies?

No Yes If yes, please give details.

Name of life insured	Policy number	Name of insurance company	Name of beneficiary

19a. Do you have any superannuation funds or other schemes, either in Mauritius or overseas?

No Yes

19b. Please provide details of each of the superannuation or other schemes that you have. The total of your funds **must** include Employer and Government contributions.

Name of fund provider	Address of fund holder / fund manager	Policy number	Date commenced contribution	Total in fund (Rs)

PART C – ASSETS (cont'd)

20. Please record all other personal assets and their values not already declared in this form.

Type of asset	Details	Location of asset	Resale value (Rs)
Livestock			
Goodwill			
Goods in storage / in warehouse / through agent			
Other			

Sale, Transfer or Gift of Assets in the last 2 years

21. In the past two years, have you sold, transferred or disposed by way of “desistement” any assets?

e.g. property, motor vehicles, livestock, stock, cash, etc.

No Yes If yes, please give details.

What did you sell, transfer or dispose of?	Name and contact details of who received the asset or gift	Date transferred?	What was it worth? (Rs)	How much was it sold for? (Rs)	How much did you receive? (Rs)

22. Have you signed any agreement with your spouse/partner in the past 2 years?

No Yes If yes, please give details.

Name of other party:	
Who holds a copy of the agreement?	

Please include a copy if you have one.

PART D – LIABILITIES
Creditors

If there is not enough space to list your debts, please add them on a separate page.

23a. State whether the debts are **personal to you, or**
 taken in joint names?

23b. If the debts are taken in joint names, please disclose the name, contact details and relationship of the person to you.

Name	Address	Relationship

Secured debts

24. Do you have any secured creditors? Do not include those holding security over a motor vehicle or real estate – you should already have listed them in Paragraphs 14 and 16.

Creditor's name	Creditor's postal address	Description of security	Estimated present value (Rs)	Amount outstanding (Rs)
Total amount of secured debt				Rs

Credit Cards**25. Please provide details of your credit cards.**

Name of bank	Joint Debt?	Amount outstanding (Rs)
Total amount of credit card debt		Rs

Unsecured Creditors

26. Please provide details of anyone else not previously listed as your creditors, e.g. unpaid bills, rent due, loans from family and friends, personal guarantees, etc.

Creditor's name	Postal address	Joint Debt?	Date incurred	Amount outstanding (Rs)
Total amount of other debts				Rs

PART D – LIABILITIES (cont'd)

27a. In the last two years, have you incurred any business debts as a sole trader, or signed any personal guarantees for a limited liability company?

No Yes If yes, please give details in the table above at Paragraph 26.

27b. In the last two years, have you incurred any business debts relating to your involvement in a business partnership, e.g. *société*, limited partnership? No Yes If yes, please give details in the table below.

Creditor's name	Postal address	Date debt incurred	Amount outstanding (Rs)
Total amount of business partnership debts			Rs

28. Debt Totals

	Rs
Total amount of mortgages/charges – P14f	
Total amount of secured vehicle loans – P16b	
Total amount of hire purchases/secured debts – P24	
Total amount of credit card debts – P25	
Total amount of other debts – P26	
Total amount of business partnership debts – P27b	
Total amount owed to Trusts – P29	
Total of Debts	

PART E – TRUSTS**Trusts**

29. Are you currently or have you been involved with any trust in the past 2 years?

No Yes If yes, please give details.

	Trust 1	Trust 2
Name of trust		
Your involvement in the trust (select all that apply)	Trustee / Settlor / Beneficiary	Trustee / Settlor / Beneficiary
Have you transferred any personal assets or money to the trust in the past 2 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
List the assets or money transferred		
Provide the date(s) of transfer		
Estimate the value at the time(s) of transfer	Rs	Rs
List the assets of the trust		
Current value of the assets	Rs	Rs
Do you owe the trust any money?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
Amount owing	Rs	Rs
Give details of the debt		
Have you been paid any money from this trust in the past 2 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
Amount received	Rs	Rs

	Trust 1	Trust 2
Provide the date(s) of funds received		
Does the trust owe you any money?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
Amount owing	Rs	Rs
Provide details on the funds owed to you		
Do you hold a copy of the trust deed?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enclose a copy of the trust deed and latest financial statements	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enclose a copy of the trust deed and latest financial statements
If a copy of the trust deed is not available, please provide the name and contact details of the person who has a copy of the trust deed or financial statements for the trust.		
Please provide the name(s) and contact details of all the Trustees:		

PART F – BUSINESS DETAILS

In the last two years, if you have not been involved in operating a business as a sole trader, limited partnership, limited liability company or *société*, please go straight to the last page.

30a. Are you currently, or have you in the last 2 years been in business, either as a sole trader or as a member of a partnership?

Do not include details of Limited Liability companies here.

No Yes **If you answered Yes, go to P31**

30b. Are you currently, or have you in the past 2 years, been a director or had a management role in a Limited Liability Company incorporated/registered under the Companies Act? Do not include businesses you have run as a sole trader or in partnership.

No Yes **If you answered Yes, go to P37a**

Trading as a Sole Trader, *Société*, Limited Partnership or in any other businesses

31. Please provide the details of each of your sole trader or business partnerships.

	Business 1	Business 2	Business 3
Business name			
Trading name (if any)			
Was business run as a limited partnership / <i>société</i> / sole trader?			
Address of business			
Postal address (if any)			

	Business 1	Business 2	Business 3
Telephone number			
Fax number			
Email address			
Did you employ any staff?			
Name(s) and contact details of business partner(s)			
Do you have a copy of the partnership agreement / deed of <i>société</i> ?			
Date business started trading			
Date business ceased trading			
Nature of business			
Name and contact details of the landlord of the business premises (if any)			

32. Has your business used a law practitioner or accountant in the last 2 years?

No Yes If yes, please give details.

Name	Address	Phone number

PART F – BUSINESS DETAILS (cont’d)

33. Do you have a copy of the latest financial statements? Yes
 No If no, please give details.

	Business 1	Business 2	Business 3
State the name of the person who has the copy of the financial statements			
Postal address			
Phone number(s)			
Email address			

34. Please provide the contact details for the person or organisation responsible for the following business records.

	Business 1	Business 2	Business 3
State the name of the person who keeps the financial records			
Postal address			
Phone number(s)			
Email address			
State the name of the person who was responsible for the upkeep of the business records			
Postal address			
Phone number(s)			
Email address			

Assets**35a. Are there any contracts requiring completion?**

No Yes

If you answered Yes, please provide details of the contracts that require completion by including them with this application.

35b. In the past two years, have you sold, transferred or disposed of any business assets?

No Yes If yes, please give details.

Type of asset	Details	Date sold	Name of purchaser	Amount received (Rs)

35c. As a result of pressure for payment from creditors, have you in the past 2 years, paid over and above your normal repayments to any creditor, given or surrendered assets to creditors?

No Yes If yes, please give details.

PART F – BUSINESS DETAILS (cont'd)
35d. Are there any business assets not sold/disposed of?
 No Yes

If you answered Yes, please provide details of all business assets held as follows:

Type of asset	Details	Location of asset	Resale value (Rs)
Stock			
Plant and equipment			
Fixtures and fittings			
Licences			
Incomplete contracts			
Motor vehicles			
Bank accounts			
Prepayments			
Other (please describe)			

Debts**36. Does the business owe money?**

As you are personally liable for any debts incurred, please ensure you have provided a complete list of these debts on page at the appropriate section in Paragraph 26 or 27b.

Trading as a Limited Liability Company

37a. If you answered Yes at Paragraph 30b i.e. currently or previously having been a director or in a management role with a Limited Liability Company, please complete the following information. Do not include businesses you have run as a sole trader or in a business partnership.

	Company 1	Company 2	Company 3
Company name			
Business name (if any)			
Registered address of company			
Postal address (if any)			
Telephone number			
Fax number			
Email address			
Nature of company			
Date company started business			
Date company ceased business			
Is the company a trustee of a trust?			
Does the company owe you money?	Rs	Rs	Rs
Do you owe the company money?	Rs	Rs	Rs
Name and contact details of the landlord for the company's premises			
Name and contact details of the company's accountant/auditor			
Name and contact details of the company's law practitioner			

PART F – BUSINESS DETAILS (cont’d)

38. Do you have a copy of the latest financial accounts?

Yes No If no, please give details.

	Company 1	Company 2	Company 3
State the name of the person who has the financial records			
Postal address			
Phone number(s)			
Email address			
State the name of the person who is responsible for the upkeep of the company records			
Postal address			
Phone number(s)			
Email address			

Assets**39. Please provide details of all remaining company assets.**

Type of asset	Details	Location of asset	Resale value (Rs)
Stock			
Plant and equipment			
Fixtures and fittings			
Licences			
Incomplete contracts			
Motor vehicles			
Bank accounts			
Prepayments			
Other (please describe)			

If there are contracts requiring completion, please provide details by including them with this application.

Full name:

Signature:

Date:

I herewith attach a Statement of Affairs dated

Signature Date :

Note: The proposal, if approved by the Court, is binding on all the creditors whose debts are provable in accordance with section 82(6) of the Act and who are affected by the terms of the proposal.

PART B

Endorsement by trustee

I, Mr/Ms of (address) or electing legal domicile at and holder of National Identity Card Number confirm my willingness to act as trustee of the insolvent’s property.

Signature Date :

PART C

For use by the Court

Proposal filed in Court.

Received by : (Name) Signature.....

Date :

THIRD SCHEDULE

[Regulation 3(c)]

<p>THE INSOLVENCY ACT POSTAL VOTE FOR USE IN VOTING ON PROPOSAL</p> <p><i>[Section 81(1)(e)]</i></p>	<p>For Office Use S81(1)(e)/IS 3</p>
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To – (Name of the Provisional Trustee)

Name of Insolvent –

National Identity Card Number and/or Business Registration Number of Insolvent –

Name of Creditor –

National Identity Card Number and/or Business Registration Number of Creditor –

Amount of the creditor’s proven claim –

Date of meeting for consideration of proposal –

Vote in favour of proposal dated [date of proposal] – Yes/No (delete whichever does not apply)

.....
 Signature of Creditor

.....
 Date

Note: Please note that to be admitted to vote for or against the proposal, the creditor must prove his claim and submit the Form Proof of Debt.



FOURTH SCHEDULE

[Regulation 3(d)]

<p>THE INSOLVENCY ACT APPLICATION FOR SUMMARY INSTALMENT ORDER <i>(Section 86)</i></p>	<p>For Office Use S86/IS 4</p>
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<p>APPLICATION BY</p> <p><input type="checkbox"/> DEBTOR</p> <p><input type="checkbox"/> CREDITOR WITH DEBTOR’S CONSENT</p>

<p>Name and address of creditor where application is made with debtor’s consent</p> <p>.....</p> <p>.....</p>

<p>.....</p> <p>Signature of/ on behalf of creditor</p> <p>.....</p> <p>Designation (if applicable)</p>	<p>.....</p> <p>Date</p>
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<p>Debtor’s consent</p> <p>I consent to the present Application</p> <p>.....</p> <p>Debtor’s signature</p>	<p>.....</p> <p>Date</p>
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Debtor's details

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms			
Surname			
Name(s):			
Maiden name (if applicable):			
Date of birth:	/ /	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address:			
Any other address:			
Postal address (if any)			
Telephone No:	Home:	Office:	Mobile:
Email address:			
Occupation:			
Description of debtor's property			
Names and addresses of each creditor			

Amount and nature of each of the creditors' debts	
Are any of the above debts secured? If so, give the value of the security	
Are any of the above debts guaranteed by any person? Give details	
Amount of debtor's earnings	
Name and address of debtor's employer	

Proposal by Debtor

I propose to repay the full amount of my debts or

I propose to repay cents in the rupee

The proposed amount of money I wish to repay in each instalment is

The proposed frequency of each instalment is

I elect the following person as my supervisor

Name of proposed Supervisor:			
Address:			
Email:			
Telephone No:	Home:	Office:	Mobile:

Additional Information by Debtor

Please provide any other information that you believe is relevant to your proposal. Summary Instalment Orders typically last for 3 years. If you propose to repay your debts in less than 3 years, please specify here. If you wish the Official receiver to consider an extension of the period to up to 5 years, please specify here and state your reasons.

If for any reason you do not intend to nominate a Supervisor, please provide your reasons in the box below.

I request that a Summary Instalment Order be made on the above terms.

.....
Signature of Debtor

Date –

FIFTH SCHEDULE

[Regulation 3(e)]

THE INSOLVENCY ACT STATUTORY DEMAND <i>(Section 180)</i>	For Office Use S180/IS 5
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To (name and registered address of debtor) –.....

At the request of (name of creditor), hereinafter referred to as the “creditor”, having its registered office at / address at or electing its/his legal domicile at the office of

TAKE NOTICE THAT You (name and registered address of Debtor) are indebted to the Creditor in the liquidated sum of Rs, which is due and demandable, being the amount due for

TAKE FURTHER NOTICE THAT you (name and registered address of debtor) are hereby requested, called upon and summoned to –

- (i) pay to the creditor / the undersigned Attorney at Law / the Usher serving upon you the present demand the said sum of Rs. for which you are indebted to the creditor;
- (ii) enter into a compromise under Part XVII or Part XVIII of the Companies Act;
- (iii) otherwise compound with the creditor;

- (iv) give any charge over your property to secure payment of the aforesaid debt to the reasonable satisfaction of the creditor within one month from the date of service of this present demand.

You may apply to the Bankruptcy Division of the Supreme Court for the extension of the one month period to comply with this present demand.

You are further informed that, pursuant to section 181 of the Insolvency Act, you may file an application with the Bankruptcy Division of the Supreme Court to set aside the present demand. Such application shall be made, and served on the creditor, within 14 days of the date of service of this present demand.

In the event that you fail to comply with the exigencies of this demand, you shall be presumed to be unable to pay your debts unless the contrary is proved, pursuant to section 178 of the Insolvency Act and the “creditor” may make an application to the Bankruptcy Division of the Supreme Court for an order that you be put into liquidation pursuant to section 179(1) of the Insolvency Act.

.....
 (Signature of Creditor/
 Attorney-at-Law)

.....
 (Name of Creditor/
 Attorney-at-Law)

Date –

Return of Usher

.....
.....
.....
.....
.....

.....

Signature

.....

Date

SIXTH SCHEDULE

[Regulation 3(f)]

<p>THE INSOLVENCY ACT 2009 ADMINISTRATOR'S ACCOUNT <i>[section 222(2)(d)]</i></p>	<p>For Office Use S222(2)/IS 6</p>
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Company Name

Company number

1 Details of administrator*

Date of appointment

Name(s) of administrator(s)

Address of administrator(s)

** if there are joint administrators, please provide details of each administrator*

2. Details of accounts

Are the accounts final? Yes No

If **'Yes'**, please provide the date when you vacated office and the period for which the accounts and statements are made up.

Date of vacation of office:

This account and statement covers the period from
to

If **'No'**, please provide the period for which the accounts and statements are made up.

This account and statements covers the period from
to

3. Payment to creditors

Your estimate of total creditors in this administration as at the date of this account.

Estimated number of secured creditors	<input type="text"/>	Estimated value	<input type="text"/>
Estimated number of unsecured creditors	<input type="text"/>	Estimated value	<input type="text"/>
Estimated number of other creditors	<input type="text"/>	Estimated value	<input type="text"/>

Payments made to creditors from the date of your appointment to the date of this account

Secured

Date paid Total paid

Unsecured

Date paid Total paid Rate of dividend (cents in the Rs)

Other

Date paid Total paid Rate of dividend (cents in the Rs)

Contributories

Date paid Total paid Rate of dividend (Rs per share)

4. Secured lenders

Amount owing under instrument at the date of appointment

Amount owing under instrument at the date of this account

Estimated value of property subject to the instrument at the date of this account

5. Summary of remuneration of administrator

Remuneration paid to you during the period for which this account is made up

Remuneration paid to you from the date of your appointment to the date to which this account is made up

Amount received by you in respect of expenses during the period for which this account is made up

Amount received by you in respect of expenses from the date of your appointment to the date to which this account is made up

8. Estimated completion date (if accounts not final)

Date by which you expect this administration
will be completed

Duration of appointment till date

Details of causes which may delay the termination of your appointment

9. Declaration

I/We declare that the statements ticked below are correct.

Statement

The information given in the statement is true and to the best of my/our knowledge and belief at the date of signing.

If there are receipts and payments

The account of receipts and payments as set out in this document and annexure (if any)

- Contains a full and true account of my/our receipts and payments in this period and
- I/We have not received or paid, nor have authorised any other person by my/our order or for my/our use during that period to receive or pay, any money on account of the company, other than and except for the items mentioned and specified in that account.

If there are no receipts and payments

I/We have not received or paid, nor have authorised any other person by my/our order or for my/our use during that period to receive or pay, any money on account of the company.

Name(s):

.....
Signature(s)

.....
Date signed

Presented by

Name:

Address:

.....

Telephone:

Fax:

Email:

SEVENTH SCHEDULE

[Regulation 3(g)]

<p>THE INSOLVENCY ACT NOTICE OF APPOINTMENT OF INSOLVENCY PRACTITIONER <i>[Section 374(2)]</i></p>	<p>For Office Use S374(2)/IS 7</p>
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- 1(a) Full name of insolvency practitioner –
 [Surname first, in block letters]
- 1(b) Residential address –
- 2. Nature of appointment –
 [State whether liquidator, receiver or administrator in a Voluntary Administration]
- 3. Date of appointment –
- 4. Company in relation to which appointment is made

 Registered address of the company –
- Contact Details**

-
- 5(a) Office address (provide both a postal and physical address) –

 - 5(b) Elected address (in case of joint appointment) –
 - 5(c) Telephone –
 - 5(d) Mobile –
 - 5(e) Facsimile –
 - 5(f) Email address –
 - 6. Business Registration Number –

Dated this day of 20....

.....
Signature of Insolvency Practitioner

Note Where 2 or more Insolvency Practitioners are appointed jointly or severally, each Insolvency Practitioner shall submit his particulars of appointment on a separate form to the Director of the Insolvency Service, and shall clearly indicate the address elected for service of notices and/or any other correspondence.

EIGHTH SCHEDULE

[Regulation 3(h)]

<p style="text-align: center;">THE INSOLVENCY ACT VALUATION AND PROOF <i>(item 12(2) of the Second Schedule)</i></p>	<p style="text-align: center;">For Office Use S12(2) of the Second Schedule/IS 8</p>
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I, Mr/Ms, a
(profession) of (address) holder of National Identity Card
Number, hereby make the following statement, or

I, Mr/Ms duly authorised by,
bearing Business Registration Number (if any)
hereby make the following statement.

<p>Name of debtor:</p> <p>To state: In the case of a company, the name of the company in winding up.</p> <p style="padding-left: 40px;">In the case of an individual, the name of the insolvent or bankrupt.</p>
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<p>Name and Address of creditor :</p> <p><i>(Please state the Business Registration Number, where applicable)</i></p>

PARTICULARS OF VALUATION AND PROOF OF DEBT	
1. Full particulars of the valuation and the debt	
2. Full particulars of the security including the date when it was given	
3. Particulars of documents that substantiate the debt and the security	

Signature – Dated –

For use by Liquidator/Trustee /Official Receiver

Proof of debt admitted for vote: Yes/No*	Admitted for dividend for: Yes/No*
Date –	Date –
Signature –	Signature –
Liquidator/Trustee/ Official Receiver –	Liquidator/Trustee/Official Receiver –

* Strike out as appropriate

N.B: This form should be verified by an affidavit.
