#### SIXTH SCHEDULE

[Regulation 3(f)]

THE INSOLVENCY ACT 2009 ADMINISTRATOR'S ACCOUNT	For Office Use S222(2)/IS 6
[section 222(2)(d)]	
Company Name	Company number
1 Details of administrator*	
Date of appointment	
Name(s) of administrator(s)	
Address of administrator(s)	

<sup>\*</sup> 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 pe	eriod from			
	to			
If 'No', please provide the period for statements are made up.	which the accounts and			
This account and statements covers the p	eriod from			
	to			
3. Payment to creditors				
Your estimate of total creditors in this ad of this account.	ministration as at the date			
Estimated number of secured creditors	Estimated value			
Estimated number of unsecured creditors	Estimated value			
Estimated number of other creditors	Estimated value			

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	

6(a). Account of receipts and payments for the six-month period			
from			
to			
Receipts			
Date of receipt	Receipt from	Nature of receipt (provide details)	Amount (Rs)
		Total receipts	Rs

## 6(a). Account of receipts and payments for the six-month period (continued)

### **Payments**

Date of payment	Payments to	Nature of payment (provide details)	Amount (Rs)
	<u></u>	Total payments	Rs

# 6(b). Account of receipts and payments for the aggregate period since the date of appointment

### Receipts

Date of receipt	Receipt from	Nature of receipt (provide details)	Amount (Rs)
		+	
		+	
•		Total receipts	Rs

## 6(b). Account of receipts and payments for the aggregate period since the date of appointment (continued)

### **Payments**

Date of payment	Payments to	Nature of payment (provide details)	Amount (Rs)
		Total payments	Rs

### 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 o	f 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:	