



INSOLVENCY AND TRUSTEE SERVICE

www.insolvency.govt.nz | 0508 INSOLVENCY | 0508 467 658

Return your completed form to the Insolvency and Trustee Service by:
post Private Bag 4714, Christchurch | **email** applications@insolvency.govt.nz

Application for a review of an Official Assignee decision relating to a No Asset Procedure

Insolvency Act 2006

First name:

Estate No (If known):

Last name(s):

Current address:

Current postal address:

Same as current address:

Phone number (daytime):

Email address:

What is your preferred method of contact?

Email

Mail to postal address

What date was your application rejected?

/ /

2. Reasons for application

Please tell us which decision you disagree with and the reason(s) why you believe it should be reviewed:

Continues...

Continued:

If you have applied for a review of the decision outside of the 15 working day timeframe, please provide your reasons for the delay:

If there is not enough space for you to answer a question, please use additional paper and add to the end of this document. Any additional pages or documentation need to have your surname or estate number (if known) written at the top of each page, in case they become separated from the review form.

Full Name:

Signature:

Date: / /