

INSOLVENCY AND TRUSTEE SERVICE

<u>www.insolvency.govt.nz</u> | 0508 INSOLVENCY | **0508 467 658** Return your completed form to the Insolvency and Trustee Service by: **Post**: Private Bag 4714, Christchurch | **Emai**l: <u>applications@insolvency.govt.nz</u>

Application to object to a Debt Repayment Order

Insolvency (Personal Insolvency) Regulations 2007, Part 5, Regulation 46

1. Details of Debt Repayment Order (DRO) application

Debtor's last name:	Estate Number:
Debtor's first name(s):	

Name of supervisor:

2. Details of creditor proposing objection

Name of creditor:			
Name of contact person if applicant creditor is an organisation:			
Postal address:	Phone number (daytime):		
	Email address:		
Amount of debt:			
Reasons for objection:			
Supporting evidence attached: Yes	No		
Signature:	Date: / /		
Name:			
Position (if creditor is an organisation):			