



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 8140 | email applications@insolvency.govt.nz | fax 09 919 9099

Claim form (Proof of debt)

For use in Bankruptcies, Debt Repayment Orders and Liquidations.

1. Debtor details

Debtor's last name:	Estate number:
Debtor's first name(s):	Company number:
Company name:	

2. Creditor details

Name of creditor making the claim:	
Name of creditor if claiming on behalf of:	
Postal address:	GST number:
	Phone number (daytime):
Email address:	

I,

state that as at the date of Bankruptcy, Debt Repayment Order or Liquidation Order the debtor was indebted to the above named creditor for the sum of:

Sum in words:

NZD\$

Total GST included in your claim:

Security for the payment of the whole or any part of the above amount is not held

Or The following security or guarantee is held for the payment of the whole or any part of the above amount

Detail of security / name of guarantor:

Property secured:

Estimated value of guarantee/property secured:

Date security/guarantee given:

2. Creditor details (continued)

Reference details (For example, account number) that we can quote when communicating with you about this claim:

Bank Account to which you wish to have any dividend payments deposited:

Account name:

Account number

Bank

Branch

Account

Suffix

3. Debt details

Details of debt (Please attach supporting evidence)

Date of supply	Description of good or services supplied	Amount NZD\$

Does your claim include interest?

Yes

No

Amount

NZD\$

Please attach evidence of the basis for this. Acceptable evidence includes copies of loan agreements, statements of account, court orders and invoices. The amount in your evidence **must be the same** as the amount you are claiming.

Important information

It is an offence to make or authorise the making of a claim that is false or misleading in a material particular knowing it to be false or misleading; or to omit or authorise the omission from a claim of any matter knowing that the omission makes the claim false or misleading in a material particular.

Any personal information collected is for the purposes of administering the insolvent estate. The information will be used and retained by the Official Assignee and will be released to other parties only with your authorisation or in compliance with various laws and regulations including the Privacy Act, Official Information Act, Insolvency Act and Companies Act. You may have access to and request correction of any personal information.

Signature:

Date:

/

/

Name: