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

Return your completed form to the Insolvency and Trustee Service via email to applications@insolvency.govt.nz

## Declaration with respect to a limited liability company

Before the processing of your application can be completed, you need to ask someone (such as a solicitor or accountant) who has knowledge of the affairs of the company named below to complete the following statement and return it to the Official Assignee.

Last name:	Estate Number		
First name(s):			
onfirm the following in relation to	Limited		
	Yes No (If yes, provide detail)		
Does the debtor owe any money to the company?			
Does the company owe the debtor any money?			
Do the company shares have any value?			
Is the company still trading?			
Is it possible for the debtor to derive any income or other benefits	from the company during the next 12 months		
If yes what is expected?			

Has the debtor population provided below)			Yes	No
The company's credi	tor information			
Creditor name		Creditor address		Amount
I am aware that it is Assignee.	s an offence und	er s440 Insolvency Act 2006 to	o make a false or misleading	g statement to the Offici
Signature (by person	other than the Ap	pplicant):		
Name of signatory				
Date	/	/		
Nature of relationshi	p with company, i	.e. Director, Accountant, Solici	tor:	