



**NEW ZEALAND  
INSOLVENCY AND  
TRUSTEE SERVICE**

# Statement of Affairs

IN LIQUIDATION COMPANIES ACT 1993

Send your completed form to the Insolvency and Trustee Service by email to [applications@insolvency.govt.nz](mailto:applications@insolvency.govt.nz) or by post Private Bag 4714, Christchurch  
**If you have any questions please call 0508 INSOLVENCY (467 658)**

Estate No:

Any personal information collected is for the purpose of administering the Liquidation in accordance with the Companies Act 1993. 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 statutory authorities. **You are obliged to provide this information under the Companies Act 1993.** You may have access to and request correction of any personal information included in this document.

Company name: \_\_\_\_\_

Trading name: \_\_\_\_\_

Has the company carried on business / traded in any other name?  Yes  No (If yes, please give details below)

## PART A: CONTACT INFORMATION

### 1. Personal details

Preferred title:

Mr  Mrs  Ms  Miss  Other (Please specify) \_\_\_\_\_

First name:

\_\_\_\_\_

Middle Name(s):

\_\_\_\_\_

Last name:

\_\_\_\_\_

Address:

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_



**MINISTRY OF BUSINESS,  
INNOVATION & EMPLOYMENT**  
HĪKINA WHAKATUTUKI

**Te Kāwanatanga o Aotearoa**  
New Zealand Government

**Capacity in the Company:**

Director  Shareholder  Manager  Employee  Accountant  Solicitor

Other (please specify) \_\_\_\_\_

**2. Company contact details:****Physical address of company:**

\_\_\_\_\_

Postal address of company if different:

\_\_\_\_\_

**Telephone:**

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**3. Directors contact details:**

Director name (01): \_\_\_\_\_

**Physical address of company:**

\_\_\_\_\_

Postal address of company if different:

\_\_\_\_\_

**Telephone:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Director name (02): \_\_\_\_\_

**Physical address of company:**

\_\_\_\_\_

Postal address of company if different:

\_\_\_\_\_

**Telephone:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Company accountant (if any):**

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous accountant:**

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Date ceased acting:  /  /   
DD MM YYYY**5. Company solicitor (if any):**

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous solicitor:**

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Date ceased acting:  /  /   
DD MM YYYY**PART B: BACKGROUND****6. Nature of company's business (give details):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date started trading:  /  /  Date ceased trading:  /  /   
DD MM YYYY DD MM YYYY**7a. Does / did the company rent / lease business premises?**  Yes  No**7b. Name of landlord / agent of business premises:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**7c. What date is the rent paid upto?** /  /  What was the amount paid? \_\_\_\_\_  
DD MM YYYY**7d. Is there a lease agreement?**  Yes  No *What is the term of the lease?* \_\_\_\_\_**7e. Who has the company's copy of the lease agreement?** \_\_\_\_\_**7f. Are there any subleases?**  Yes  No *(If yes, please give details)* \_\_\_\_\_**7g. Have any leases been assigned, surrendered or otherwise disposed of by the company before the date:** Yes  No *(If yes, please give details)* \_\_\_\_\_

7h. Are the premises protected by a security alarm?  Yes  No (If yes, please give details below)

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7i. Who holds keys to the premises? \_\_\_\_\_

8. Are there ongoing contracts for which the company is receiving a service eg. security monitoring of premises?

Yes  No (If yes, please give details below)

Name of Provider: \_\_\_\_\_

Nature of Service: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

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9. Has the company ever been, or is it currently in receivership?  Yes  No

Name of Receiver and contact details: \_\_\_\_\_

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Appointed by: \_\_\_\_\_

Date appointed:  /  /   
DD MM YYYY

Date ceased:  /  /   
DD MM YYYY

10a. Is there a debenture over the assets of the company?

Yes  No Debenture holder: \_\_\_\_\_

10b. Have steps been taken to realise security?

Yes  No (If yes, please give details) \_\_\_\_\_

11. Has any person(s) involved in the management of this company been involved in another company that has been liquidated or placed in receivership?

Yes  No (If yes, please give details) \_\_\_\_\_

12. Has any person(s) involved in the management of this company ever been made bankrupt?

Yes  No (If yes, please give details) \_\_\_\_\_

13. Has any person involved in this company personally guaranteed any of the company's debts?

Yes  No (If yes, please give details) \_\_\_\_\_

14. When do you believe the company first became unable to pay its debts as they fell due and what made you choose this date?

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15. Were creditors informed of the company's position?

Yes  No (If yes, please give details) \_\_\_\_\_

16. Has any of the company's property been seized in the last 6 months, eg by distress warrant or distraint?

Yes  No (If yes, please give details) \_\_\_\_\_

**17. Has the company given away any of its property in the last two years?**

Yes  No (If yes, please give details) \_\_\_\_\_

**18. Has any person or other entity left any property or belongings in the company's care?**

Yes  No (If yes, please give details) \_\_\_\_\_

**19. Does any person or other entity have any of the company's property?**

Yes  No (If yes, please give details) \_\_\_\_\_

**20. Has the company sold any property to a director, shareholder, a relative of a director or shareholder or any entity (ie company or trust) associated with these people in the past two years?**

Yes  No (If yes, please give details) \_\_\_\_\_

Name of purchaser:	Item sold:	Date of sale:	Sale price:	Details of payment:
_____	_____	/ /	\$ _____	_____
_____	_____	/ /	\$ _____	_____
_____	_____	/ /	\$ _____	_____

**21. Is the company currently involved in any court case?**

Yes  No

If yes, state the nature of the case, the name of the court, the name of the other party and the solicitor representing you:

\_\_\_\_\_  
\_\_\_\_\_

**22. Is the company a member of Bartercard or any similar organisation?**

Yes  No (If yes, please give details) \_\_\_\_\_

**23. Does the company have in its possession any item that is subject to Retention of Title?**

Yes  No (If yes, please give details) \_\_\_\_\_

Item:	Location of item:	Name of creditor:	Amount Owed:	Value of Item:
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**24. Has any creditor seized items within the last 6 months pursuant to a Retention of Title claim?**

Yes  No (If yes, please give details) \_\_\_\_\_

Item:	Location of item:	Name of creditor:	Amount Owed:	Value of Item:
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**25a. Who was responsible for completing the company's day to day accounting records?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**25b. Where are the accounting records located?** \_\_\_\_\_**25c. What was the date of the last annual financial statement?**  /  /   
DD MM YYYY**25d. Has the company ever been, or is it currently in receivership?**  Yes  No

Name registered: \_\_\_\_\_ GST number: \_\_\_\_\_

Type of registration:  Invoice basis  Payment basis  Hybrid basisPeriod covered by last return:  /  /  to  /  /   
DD MM YYYY DD MM YYYYFrequency of returns:  1 month  2 months  3 months**25e. Were the following records kept?**

	Not Sure	Yes	No	Are these records computerised?	Location of records:
Cash book – cash in / cash out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cheque butts – (since commencement period)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Deposit butts – of last prepared accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Current cheque and deposit books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Bank statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Receipt books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Creditors invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Debtors ledgers and current invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Ledgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Copies of annual financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Hire purchase agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Contract papers and other legal documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Asset register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Stock sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
GST records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Wage records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Constitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Minute book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Register of shareholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Register of directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Director certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Interests register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Communications with shareholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

25f. Were any company records kept on a computer?  Yes  No

What accounting package is used? \_\_\_\_\_

Where is the computer located? \_\_\_\_\_

Who can access these records? \_\_\_\_\_

Is a full back-up available, including software?

Yes  No (If yes, please give details) \_\_\_\_\_

## 26. Cause of liquidation

What do you believe is the **PRIMARY** cause of the failure of the company? **Tick ONE box only:**

- |                                                                                                                                  |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Inability to recover costs                                                                           | <input type="checkbox"/> 10. Excessive drawings                                                   |
| <input type="checkbox"/> 2. Adverse legal action or lack of funds to finance legal action                                        | <input type="checkbox"/> 11. Inability to collect debts due to disputes, faulty work or bad debts |
| <input type="checkbox"/> 3. Liabilities due to guarantees                                                                        | <input type="checkbox"/> 12. Failure to keep proper books of account and costing records          |
| <input type="checkbox"/> 4. Failure of another business organisation                                                             | <input type="checkbox"/> 13. Lack of sufficient working capital                                   |
| <input type="checkbox"/> 5. Ill health or absence of health insurance records                                                    | <input type="checkbox"/> 14. Failure to provide for taxation                                      |
| <input type="checkbox"/> 6. Domestic discord or relationship breakdowns including falling out of directors                       | <input type="checkbox"/> 15. Seasonal conditions including floods and drought                     |
| <input type="checkbox"/> 7. Withdrawal of credit facilities                                                                      | <input type="checkbox"/> 16. COVID-19                                                             |
| <input type="checkbox"/> 8. Economic conditions including external influences, competition, increases in costs and lack of sales | <input type="checkbox"/> 17. None of the above. Give details                                      |
| <input type="checkbox"/> 9. Lack of business ability including under quoting or failure to assess potential of business          | _____                                                                                             |
|                                                                                                                                  | _____                                                                                             |
|                                                                                                                                  | _____                                                                                             |

Which other numbers describe **CONTRIBUTING** causes to the failure of the company?

\_\_\_\_\_

**PART C: FINANCIAL CIRCUMSTANCES (ASSETS AND LIABILITIES)**

This information will be used to assess the company's financial position.

**27. List any bank accounts (including building society, overseas funds, credit union, etc):**

Name of account:	Bank and branch:	Account number:	Account type (cheque, savings etc):	Balance:
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**28. Do any of the company's bank accounts contain monies held in trust for third parties and / or were deposited for a specific purpose?**

Yes  No (If yes, please give details) \_\_\_\_\_

**29. Does the company own any shares? (including Government inflation bonds, bonus bonds, unit trust investments, company shares etc):**

Name of company:	How many:	Location of certificate (if applicable) or FIN number:	Approximate value:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**30. Does the company have any insurance policies?  Yes  No**

Name of policy owner:	Name of insurance company:	Type of policy:	Date paid up to:	Surrender value:
_____	_____	_____	/ /	\$ _____
_____	_____	_____	/ /	\$ _____
_____	_____	_____	/ /	\$ _____
_____	_____	_____	/ /	\$ _____
_____	_____	_____	/ /	\$ _____

**31. Does the company hold security over any property, eg mortgage, debenture or chattel security?**

Yes  No If so, please state

Type of security: \_\_\_\_\_ Name and address of property's owner: \_\_\_\_\_

Value of security: \_\_\_\_\_

Description of property secured: \_\_\_\_\_

**32. Real estate (give details of any land or buildings that the company owns):****Property 01**

Address of property: \_\_\_\_\_

Nature of interest (joint tenant, tenant in common, absolute ownership): \_\_\_\_\_

Name of Mortgagee or other Chargeholder: \_\_\_\_\_

Approx market value: \$ \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_ Approx net value: \$ \_\_\_\_\_

Is this property insured?  Yes  No

Name of insurance company: \_\_\_\_\_

Expiry date  /  /   
DD MM YYYY

If this property is on the market please supply details including asking price, name of agent and how long it has been for sale:

\_\_\_\_\_  
\_\_\_\_\_**Property 02**

Address of property: \_\_\_\_\_

Nature of interest (joint tenant, tenant in common, absolute ownership): \_\_\_\_\_

Name of Mortgagee or other Chargeholder: \_\_\_\_\_

Approx market value: \$ \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_ Approx net value: \$ \_\_\_\_\_

Is this property insured?  Yes  No

Name of insurance company: \_\_\_\_\_

Expiry date  /  /   
DD MM YYYY

If this property is on the market please supply details including asking price, name of agent and how long it has been for sale:

\_\_\_\_\_  
\_\_\_\_\_**Property 03**

Address of property: \_\_\_\_\_

Nature of interest (joint tenant, tenant in common, absolute ownership): \_\_\_\_\_

Name of Mortgagee or other Chargeholder: \_\_\_\_\_

Approx market value: \$ \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_ Approx net value: \$ \_\_\_\_\_

Is this property insured?  Yes  No

Name of insurance company: \_\_\_\_\_

Expiry date  /  /   
DD MM YYYY

If this property is on the market please supply details including asking price, name of agent and how long it has been for sale:

\_\_\_\_\_  
\_\_\_\_\_

**33. Motor vehicles**

**33a. Current Motor Vehicles** *(This includes all cars, motorcycles, trailers, caravans, campervans, boats etc the company currently uses or owns):*

**Vehicle 01**

Type of vehicle eg car, boat: \_\_\_\_\_ Registration number: \_\_\_\_\_

Make, model, year: \_\_\_\_\_

Present location: \_\_\_\_\_ Registered owner: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Amount insured for: \$ \_\_\_\_\_

Current WOF  Yes  No Condition: \_\_\_\_\_ Odometer: \_\_\_\_\_

Estimated resale value: \$ \_\_\_\_\_

Less amount owed on HP or to secured creditor (if any): \$ \_\_\_\_\_ Net value: \$ \_\_\_\_\_

Name of security holder: \_\_\_\_\_

Address of security holder: \_\_\_\_\_

**Vehicle 02**

Type of vehicle eg car, boat: \_\_\_\_\_ Registration number: \_\_\_\_\_

Make, model, year: \_\_\_\_\_

Present location: \_\_\_\_\_ Registered owner: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Amount insured for: \$ \_\_\_\_\_

Current WOF  Yes  No Condition: \_\_\_\_\_ Odometer: \_\_\_\_\_

Estimated resale value: \$ \_\_\_\_\_

Less amount owed on HP or to secured creditor (if any): \$ \_\_\_\_\_ Net value: \$ \_\_\_\_\_

Name of security holder: \_\_\_\_\_

Address of security holder: \_\_\_\_\_

**Vehicle 03**

Type of vehicle eg car, boat: \_\_\_\_\_ Registration number: \_\_\_\_\_

Make, model, year: \_\_\_\_\_

Present location: \_\_\_\_\_ Registered owner: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Amount insured for: \$ \_\_\_\_\_

Current WOF  Yes  No Condition: \_\_\_\_\_ Odometer: \_\_\_\_\_

Estimated resale value: \$ \_\_\_\_\_

Less amount owed on HP or to secured creditor (if any): \$ \_\_\_\_\_ Net value: \$ \_\_\_\_\_

Name of security holder: \_\_\_\_\_

Address of security holder: \_\_\_\_\_

**Vehicle 04**

Type of vehicle eg car, boat: \_\_\_\_\_ Registration number: \_\_\_\_\_

Make, model, year: \_\_\_\_\_

Present location: \_\_\_\_\_ Registered owner: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Amount insured for: \$ \_\_\_\_\_

Current WOF  Yes  No Condition: \_\_\_\_\_ Odometer: \_\_\_\_\_

Estimated resale value: \$ \_\_\_\_\_

Less amount owed on HP or to secured creditor (if any): \$ \_\_\_\_\_ Net value: \$ \_\_\_\_\_

Name of security holder: \_\_\_\_\_

Address of security holder: \_\_\_\_\_

**33b. Previously Owned Motor Vehicles** *(Give particulars of any motor vehicles the company has sold over the last two years):***Vehicle 01**

Make, model, year: \_\_\_\_\_

Registration number: \_\_\_\_\_ Sale price: \$ \_\_\_\_\_

When sold and details of payment: \_\_\_\_\_

Name, address and contact phone number of purchaser:

\_\_\_\_\_  
\_\_\_\_\_**Vehicle 02**

Make, model, year: \_\_\_\_\_

Registration number: \_\_\_\_\_ Sale price: \$ \_\_\_\_\_

When sold and details of payment: \_\_\_\_\_

Name, address and contact phone number of purchaser:

\_\_\_\_\_  
\_\_\_\_\_**Vehicle 03**

Make, model, year: \_\_\_\_\_

Registration number: \_\_\_\_\_ Sale price: \$ \_\_\_\_\_

When sold and details of payment: \_\_\_\_\_

Name, address and contact phone number of purchaser:

\_\_\_\_\_  
\_\_\_\_\_

**34. Plant and equipment** (including implements, fixtures and fittings but excluding motor vehicles which should be described in question):

Description of item:	Identifying numbers or characters:	Type of security (if any):	Security Holder:	Value:
				Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
				Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
				Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
				Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
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				Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
				Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
				Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____

**35. Stock (including livestock and crops):**

Description of item:	To whom secured:	Value:
		Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
		Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
		Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____
		Estimated value: \$ _____ Amount owed: \$ _____ Net value: \$ _____

**36. Book debts (Who owes the company money):**

Name:	Physical and postal address:	Goods/services provided:	Date provided:	Amount owed:	Estimated \$ recoverable:
			/ /	\$ _____	\$ _____
			/ /	\$ _____	\$ _____
			/ /	\$ _____	\$ _____
			/ /	\$ _____	\$ _____
			/ /	\$ _____	\$ _____
			/ /	\$ _____	\$ _____

**37. Incomplete contracts:**

Job description incl contractor's contact details:	Term of contract:	Work to be completed:	Estimated cost to complete:	Amount still to realise:	Amount paid to date:
			\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____

**Goodwill**

If the business can be sold as a going concern, what value would you estimate the goodwill to be – take into account the value of any lease key money paid, turnover figures etc.:

\$ \_\_\_\_\_

**38. Other assets** (please record any other assets and their values not already declared on this form):

Description of item:	Cost:	Approximate value:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**39. Asset disposals**

Has the company sold any assets including land and buildings since the last set of annual accounts? (do not include motor vehicles)  Yes  No (If yes, please give details below)

Description of asset:	Net amount received:	What did the company do with the money?	Name and address of agent / solicitor / broker:
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

40. Are any documents / assets held in safe custody?  Yes  No (If yes, please give details below)

---

41. Current accounts:

Provide details of all director / shareholder or other current accounts with the company:

Name:	Address:	Amount:	"Owed to" or "owed by" company:
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

42. Creditors

43a. Secured Creditors – (Do not include securities over real estate and motor vehicles already described.):

Name and address of:	Type of security:	Approx market value of items secured:	Amount:	Net value:
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Have any creditors taken action to enforce their security?  Yes  No (If yes, please give details below)

---



**WHAT YOU DO NOW**

If you have written other details down on separate paper, pin them to this document.

**Declaration that the contents of this document are true and correct:**

I, \_\_\_\_\_ in my capacity as \_\_\_\_\_  
to / of the company state that the particulars contained in this document are true and correct.

Signature: \_\_\_\_\_

Date:

	/		/	
DD		MM		YYYY