



Statement of Affairs

Print name in full

<i>Title</i>	<i>Family name</i>	<i>Given names</i>
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If you do not speak, read or write English, the Interpreting Service is available for the cost of a local call on 131450.

Contents of the Statement of Affairs

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Office Use Only	Date Filed	
	Event Number	
	Administration Number	

NOTES:

PART A – PERSONAL DETAILS CONFIDENTIAL

1 Your personal details

Telephone	Home ()	Work ()
	Mobile	Fax ()
Email Address		

Do you prefer to receive correspondence by email where possible? No Yes

Name and Address of a contact person who does not live with you

Name			
Address			
Phone Number ()	Relationship		

Do you have any passports? No Yes *please give details*

Passport number			
Expiry date	/	/	
Country of Issue	Australia	Other	

Do you have a current driver's licence? No Yes *please give details*

Licence number			
Expiry date	/	/	
State of Issue	Australia	Other	

What language do you commonly use at home?

English	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Serbian	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Other	<input type="checkbox"/>

2 Accountant

Do you have an accountant? No Yes *please give details*

Firm Name		
Contact Person		
Address		
Phone No.	()	

3 Solicitor

Do you have a solicitor? No Yes *please give details*

Firm Name		
Contact Person		
Address		
Phone No.	()	

4 About your family

Do you have a spouse/partner? No Yes *please give details*

Your spouse/partner's full name	
---------------------------------	--

Do you live with your spouse/partner? No Yes

What is your spouse/partner's separate gross income	\$	per year	OR	\$	per week
---	----	----------	----	----	----------

Do you have any dependants residing with you? No Yes *please give details (eg spouse, children, parents, invalid relative)*

Full Name	Relationship	Date of Birth	Separate Income
			\$
			\$
			\$
			\$
			\$

5 Child Support

In the next 12 months, do you expect to pay or receive any financial support under the Child Support (Assessment) Act or the Family Law Act 1975? No Yes

Please give details and provide a copy of the assessment or order

	Paid to/Received from	Amount	Frequency
<input type="checkbox"/> I pay child support/maintenance		\$	
<input type="checkbox"/> I receive child support/maintenance		\$	

6 Family Court Arrangements

Have you been a party to an order or agreement made by the Family Court in relation to a property settlement? No Yes

Date of the order / /

Please provide a copy of the agreement or order

Are there any proceedings currently before the Family Court involving you? No Yes

*Please provide a copy of the application; **do not include** proceedings for custody of children*

7 Legal Actions

Are you involved in any legal processes or disputes? No Yes

Provide a copy of the summons, writ or other legal documents and letters

Plaintiff	Defendant	Court	Plaint No.

8 Proceeds of Crime Orders

Are you or your property subject to a Proceeds of Crime Order or an application for a Proceeds of Crime order? No Yes *Provide a copy of the order*

9 Summary of your income in the last 12 months

Provide details of your income (before tax) over the **past** 12 months.

Type of income	Received from	\$
Government benefits/Pensions	Payment type:	
Income from self employment	Business name:	
Income from business	Business name:	
Gross wages & salary before tax	Employer name:	
Superannuation retirement funds	Fund name:	
Lump sum termination payments	Received from:	
Deceased estate or trusts	Received from:	
Income from investments <i>(eg dividends, interest, trusts)</i>	Received from:	
Income from reverse mortgages	Received from:	
Any other source	Received from:	
Total		\$

You must provide evidence of your income eg payslips, tax returns, statements

10 Summary of your expected income in the next 12 months

Provide details of your income (before tax) that you expect to receive in the **next** 12 months.

If you are not sure, please estimate.

Type of income	Received from	\$
Government benefits/Pensions	Payment type:	
Income from self employment	Business name:	
Income from business	Business name:	
Gross wages & salary before tax	Employer name:	
Superannuation retirement funds	Fund name:	
Lump sum termination payments	Received from:	
Deceased estate or trusts	Received from:	
Income from investments <i>(eg dividends, interest, trusts)</i>	Received from:	
Income from reverse mortgages	Received from:	
Any other source	Received from:	
Total		\$

You must provide evidence of your income to your trustee eg payslips, tax returns, statements on the anniversary of your bankruptcy and when your income changes

11 Employment Status

Are you currently employed? No Yes Go to **Q12**

How long have you been unemployed? Years Months Go to **Q15**

What was your occupation when you were last employed?

12 Current Employment

Employer details	Job 1	Job 2
Name	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Address	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Employed as	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Type of Industry	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Pay period (week/fortnight/month)	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
How many hours do you work per week?	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Is your employer a related entity? <small>(if you are unsure whether an entity is related please refer to the information sheet accompanying this form)</small>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Employment Income

	Job 1	Job 2
Income		
Gross pay per pay period <i>(before tax)</i>	\$ <input style="width: 95%; height: 25px;" type="text"/> (A)	\$ <input style="width: 95%; height: 25px;" type="text"/>
Deductions		
Income Tax	\$ <input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 95%; height: 25px;" type="text"/>
Garnishees by creditors	\$ <input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 95%; height: 25px;" type="text"/>
Superannuation	\$ <input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 95%; height: 25px;" type="text"/>
Maintenance/Child Support	\$ <input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 95%; height: 25px;" type="text"/>
Other	\$ <input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 95%; height: 25px;" type="text"/>
Total Deductions	\$ <input style="width: 95%; height: 25px;" type="text"/> (B)	\$ <input style="width: 95%; height: 25px;" type="text"/>
What is your net pay? <small>Provide your payslip</small>	\$ <input style="width: 95%; height: 25px;" type="text"/> (A)–(B)	\$ <input style="width: 95%; height: 25px;" type="text"/>

13 Private Health Insurance

Do you have private patient hospital cover? No Yes

14 Salary Sacrifice

Is your salary now or at any time in the last 2 years, subject to a salary sacrifice arrangement? No Yes *please give details*

(that is, you have given up cash wages for another type of non-cash benefit)

Details
<input style="width: 99%; height: 100%;" type="text"/>
<input style="width: 99%; height: 100%;" type="text"/>
<input style="width: 99%; height: 100%;" type="text"/>

15 Superannuation Benefits

Does any party make a superannuation contribution for you? No Yes *please give details*

Name and Address of the person making the payment	Where is it paid to?	How much is paid? per week
		\$
		\$

16 Other Benefits

Do you, or any member of your family, receive or expect to receive any benefit from any other person or entity? No Yes *please give details*

(include rent, low interest loans, payment of your expenses or children's education)

Details

Type of benefit	1.	2.
Name of person giving benefit		
Name of person receiving benefit		
Value of benefit per year	\$	\$
Your contribution per year	\$	\$

17 Motor Vehicle Benefits

Do you use a vehicle which is owned by someone else? No Yes *please give details*

Owner's Name and Address	
Relationship (eg employer/spouse)	
Make and model of vehicle	
Year of manufacture	
When did the owner purchase the vehicle?	
How much do you contribute for the use of the vehicle?	\$
How many days per week do you have the vehicle?	
How many kilometres do you travel per week?	

18 About your Insolvency

What do you believe is the main cause of your insolvency?

Tick one cause only in either 18A or 18B that best describes the main cause of your financial difficulties.

18A Non Business Related

- Unemployment or loss of income
- Adverse legal action
- Liabilities due to guarantees
- Gambling, speculation & extravagance in living
- Ill health or absence of health insurance
- Domestic discord or relationship breakdowns
- Excessive use of credit facilities including losses on repossessions, high interest payments and pressure selling

18B Business Related *(only applies if you have personally operated a business)*

- Economic conditions affecting industry, including competition, credit restrictions, fall in prices or increases in costs
- Lack of business ability including underquoting or failure to assess potential of business
- Excessive interest payments on loan monies and capital losses on repayments
- Excessive drawings including failure to provide for taxation
- Inability to collect debts due to disputes, faulty work or bad debts
- Failure to keep proper books of account and costing records
- Lack of sufficient initial working capital
- Gambling or speculation
- Seasonal conditions including floods and drought

If other reason not listed please specify.

18C When did you first have difficulty paying your debts? Month Year

18D Where did you obtain information about bankruptcy and the alternatives? *(tick one only)*

- | | | | | | |
|----------------|--------------------------|---|--------------------------|------------|--------------------------|
| ITSA | <input type="checkbox"/> | Financial Counsellor | <input type="checkbox"/> | Accountant | <input type="checkbox"/> |
| ITSA pamphlets | <input type="checkbox"/> | Registered Trustee | <input type="checkbox"/> | Solicitor | <input type="checkbox"/> |
| ITSA website | <input type="checkbox"/> | Debt agreement consultant/administrator | <input type="checkbox"/> | Other | <input type="checkbox"/> |

18E Have you previously been bankrupt or entered into a formal arrangement with creditors? No Yes *please give details*

What type of administration was it?

<p>1.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bankruptcy</td><td><input type="checkbox"/></td></tr> <tr><td>Part X Arrangement</td><td><input type="checkbox"/></td></tr> <tr><td>Part IX Debt agreement</td><td><input type="checkbox"/></td></tr> <tr><td>Part X Personal Insolvency Agreement</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: right;">Year</td><td><input type="text"/></td></tr> </table>	Bankruptcy	<input type="checkbox"/>	Part X Arrangement	<input type="checkbox"/>	Part IX Debt agreement	<input type="checkbox"/>	Part X Personal Insolvency Agreement	<input type="checkbox"/>	Year	<input type="text"/>	<p>2</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bankruptcy</td><td><input type="checkbox"/></td></tr> <tr><td>Part X Arrangement</td><td><input type="checkbox"/></td></tr> <tr><td>Part IX Debt agreement</td><td><input type="checkbox"/></td></tr> <tr><td>Part X Personal Insolvency Agreement</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: right;">Year</td><td><input type="text"/></td></tr> </table>	Bankruptcy	<input type="checkbox"/>	Part X Arrangement	<input type="checkbox"/>	Part IX Debt agreement	<input type="checkbox"/>	Part X Personal Insolvency Agreement	<input type="checkbox"/>	Year	<input type="text"/>
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Part IX Debt agreement	<input type="checkbox"/>																				
Part X Personal Insolvency Agreement	<input type="checkbox"/>																				
Year	<input type="text"/>																				

Any information provided from this point on is available to the public

PART B – PERSONAL DETAILS

19 About You

Gender Male Female
 Date of Birth / /
 Title Mr Mrs Ms Miss Other

Family Name	<input style="width: 100%;" type="text"/>	
Given Names	<input style="width: 100%;" type="text"/>	
List all other names used in the last 10 years	<input style="width: 100%;" type="text"/>	
Residential address	<input style="width: 100%;" type="text"/>	
	Postcode	<input style="width: 100px;" type="text"/>

Do you own or are you buying this property? No Yes *please give details at Q28*

Postal address	<input style="width: 100%;" type="text"/>	
	Postcode	<input style="width: 100px;" type="text"/>

Previous 2 addresses

1.	<input style="width: 100%;" type="text"/>	
	Postcode	<input style="width: 100px;" type="text"/>

Did you own or were you buying this property? No Yes Date sold / /

2.	<input style="width: 100%;" type="text"/>	
	Postcode	<input style="width: 100px;" type="text"/>

Did you own or were you buying this property? No Yes Date sold / /

20 Occupation

What is your usual trade or profession?

21 Business

In the past 5 years have you operated a business as a sole trader, via a partnership, via a company or a trust? No Yes *Provide details in Part E*

PART C – YOUR ASSETS

22 Cash

How much cash do you have? (Include cash at bank at **Q23**) \$

23 Banks / Building Societies / Credit Unions/ other financial institutions

List all accounts held (include joint and overdrawn accounts) with any of the above types of institutions within the last 12 months.

(Note: Presently overdrawn accounts should also be included as a creditor at **Q40**)

Full Name of Bank/other financial institution	Branch Name	Account Number & Account Type	Current Balance	Joint Account
			\$	No Yes
			\$	No Yes
			\$	No Yes

24 Tax Refund

Do you expect to receive a tax refund? No Yes please give details

Year Ended	Amount expected
30 June	\$
30 June	\$

25 Tools of Trade

Do you have tools of trade? No Yes please give details

What is their estimated resale value?	\$
---------------------------------------	----

26 Superannuation and Life Insurance Policies

List all superannuation funds and life insurance policies.

Name of Fund	Is this a regulated fund?	Balance of Fund	Type of Fund			
		\$	Super		Life	
		\$	Super		Life	

Have you **received** a superannuation payout from any fund in the last 5 years?

No Yes please give details

Date Received / /

Amount received \$

Have you **made** a lump sum payment to any superannuation fund in the last 5 years?

No Yes please give details

Date Paid / /

Amount paid \$

Do you **expect to receive** payment from any superannuation fund in the next 3 years?

No Yes

27 Vehicles

Do you own, or have an interest, in any vehicles? No Yes please give details

(This includes cars, motor bikes, trailers, caravans, campervans, boats)

Type of vehicle (eg car, boat)	Make	Model	Year	Registration Number	Estimated Resale Value	Amount Owed (if any)
					\$	\$
					\$	\$

Please **copy** this page if you own more than one property.

28 Real Estate

Do you own, or are you buying, any land or buildings in Australia or overseas?
 (This includes any interest in vacant land, house, unit, commercial property)

No **Go to Q 29** Yes *please give details below*

Is there a building on the land? No Yes *please give details*

Type eg house/unit		Age of building	Years
Number of bedrooms		Number of Bathrooms	

What is the property address?

Date the property was acquired or purchased	/ /
Amount paid to acquire or purchase the property	\$
What is the estimated resale value of the property?	\$
How much do you owe to creditors who hold security over this property?	\$

Are there any other owners? No Yes *please give details*

Name	1.	2.
Address		

Is the property vacant? No Yes
 Do you live at the property? No Yes
 Does your partner live at the property? No Yes
 Is the property rented to tenants? No Yes *please give details*

Gross rent per week	\$
Name of person collecting rent	
Address	

Is the property listed for sale? No Yes *please give details*

Agent's name	
Address	

Is the property insured? No Yes Expiry Date / /

29 Shares

Do you own, or are you entitled to any shares, options, rights, convertible notes or other securities? No Yes *please give details*

Name and address of Company	No. of shares	Shareholder Number	Date Acquired	Market Value	See note below
				\$	
				\$	

Note: Do any of the above shares have any restrictions on their sale? (eg certain types of employee shares cannot be sold for a specified period) If there are any sale restrictions, please write 'R' in the last column.

30 Investments

Do you have any managed investments, insurance bonds, debentures or other investments? No Yes *please give details*

Investment Type	Date Acquired	Market Value
	/ /	\$
	/ /	\$
	/ /	\$

31 Money Owed to you

Do you have any debts owed to you? No Yes *please give details*
(include loans to friends and relatives and to family trusts or private companies; do not include Child Support arrears)

Name & address of person or organisation who owes you money	Date debt was created	Amount owed	Amount likely to be received
		\$	\$
		\$	\$
		\$	\$
		\$	\$

32 Deceased Estate

Do you have an interest in a deceased estate? No Yes *please give details*
Provide a copy of the will or letters from the executor

Name of Deceased	Date of Death	Executor Name and Address	Estimated value of benefit
			\$
			\$

33 Sale, Transfer or Gift of Assets in the last 5 years

Have you sold, transferred or given away any assets worth more than \$1000 in the last 5 years? No Yes *please give details*

Provide a copy of the receipt or settlement statement

What did you sell, transfer or give away?	To whom was it sold, transferred or gifted?	Date Transferred	What was it worth?	How much was it sold for?	How much did you receive net?
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

34 Assets you own which are in somebody else’s possession

Do you own any assets which are not currently in your possession?

No

Yes *please give details*

Description of asset	Who has the asset? Name and address	What is it worth?
		\$
		\$

35 Assets you contributed towards or helped purchase

Have you contributed or otherwise assisted in the purchase or improvement of any asset valued over \$1000 which is held by someone else?

No

Yes *please give details*

Description of asset	Name and address of person who has the asset	What is it worth?
		\$
		\$

36 Assets/Money Paid to Creditors

As a result of pressure for payment from creditors have you, in the last 12 months, paid a total amount of more than \$1000 over and above your normal repayments or surrendered any assets to a creditor?

No

Yes *please give details*

Date paid/ surrendered	Type of asset (eg cash/house)	Value of asset	Name of Creditor
		\$	
		\$	
		\$	
		\$	

37 Other items of value

Other than your general household furniture, do you own any other assets or items of value?

No

Yes *please give details*

(eg jewellery, camera, artworks, antiques, copyrights)

Description of Asset	Location of Asset	Estimated Resale Value	Jointly owned	
		\$	No	<input type="checkbox"/>
			Yes	<input type="checkbox"/>
		\$	No	<input type="checkbox"/>
			Yes	<input type="checkbox"/>
		\$	No	<input type="checkbox"/>
			Yes	<input type="checkbox"/>

Please attach a list if you have more assets

Please **copy** this page if you have more than 3 secured creditors.

PART D – YOUR LIABILITIES

38 Secured Creditors - (Creditors who are not secured should be listed at Q 40)

List your secured creditors.

A secured creditor is a creditor who can repossess and sell your asset/s if you fall behind with your payments. For example, a mortgage over your house, a hire purchase/lease agreement over your vehicle, a chattel mortgage or a bill of sale over your business assets.

	Secured Creditor No. 1	Secured Creditor No. 2	Secured Creditor No. 3
Creditor's name	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
Creditor's postal address	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
Account/Loan number	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
Total amount owing to this creditor	\$ <input style="width:200px;" type="text"/>	\$ <input style="width:200px;" type="text"/>	\$ <input style="width:200px;" type="text"/>
Type of security (eg mortgage)	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
Date the security was given	<input style="width:25px;" type="text"/> / <input style="width:25px;" type="text"/> / <input style="width:25px;" type="text"/>	<input style="width:25px;" type="text"/> / <input style="width:25px;" type="text"/> / <input style="width:25px;" type="text"/>	<input style="width:25px;" type="text"/> / <input style="width:25px;" type="text"/> / <input style="width:25px;" type="text"/>
Description of secured asset	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
Location of asset	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
Estimated resale value of the asset	\$ <input style="width:200px;" type="text"/>	\$ <input style="width:200px;" type="text"/>	\$ <input style="width:200px;" type="text"/>
Is it a joint loan?	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>
Are loan repayments up to date?	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>
Has the creditor repossessed the asset?	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>
Is this creditor related to you?	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>	No <input style="width:30px;" type="checkbox"/> Yes <input style="width:30px;" type="checkbox"/>

Related Creditors. *If you are unsure whether a creditor is related, please refer to the information sheet accompanying this form before answering this question. Related creditors must be disclosed by ticking the yes or no box.*

39 Equity Loan

Have you used any equity or made any additional loan withdrawals against any of the above secured properties in the last 12 months? No Yes Date / /
 Amount withdrawn \$

Please **copy** this page if you have more than 10 unsecured creditors.

40 Unsecured Creditors

List your unsecured creditors. *(An unsecured creditor is a creditor who does not hold security over any particular asset you own.)*

Include all debts that have not already been listed as secured at **Q 39**. *(Debts include loans from friends and relatives, personal guarantees and contingent debts.)*

Related Creditors *If you are unsure whether a creditor is related, please refer to the information sheet accompanying this form before answering this question. Related creditors must be disclosed by circling Yes or No.*

Creditor Name	Full postal Address	Nature of debt	Account No.	Mth/Yr Incurred	Total amount owing	Related Party?	Joint debt?
1						No	No
						Yes	Yes
2						No	No
						Yes	Yes
3						No	No
						Yes	Yes
4						No	No
						Yes	Yes
5						No	No
						Yes	Yes
6						No	No
						Yes	Yes
7						No	No
						Yes	Yes
8						No	No
						Yes	Yes
9						No	No
						Yes	Yes
10						No	No
						Yes	Yes
Note: You may not be released from certain debts, refer to Provable Debts in your Prescribed Information booklet for more details.				TOTAL	\$		

PART E – BUSINESS DETAILS

41 Sole trader/Partnership

Have you been in business as a sole trader or in partnership at any time in the last 5 years? No Go to **Q 43** Yes *please give details*

If you have operated more than one business please **copy** this section, complete and attach.

Business Name	
Business Address	

41A Is the business registered with the Australian Taxation Office for GST payments? No Yes

41B Is the GST registration on a cash or accrual basis? Cash Accrual

41C Do you have an Australian Business Number? No Yes Number

What is the nature of this business?		
Partner's Name (if any)	1.	2.
Partner's Address		

41D Is there a written partnership agreement? No Yes *attach copy*

41E When did the business start operating? Date / /

41F Has the business ceased operating? No Yes Date ceased / /

41G Have you sold any business assets or have you sold the business as a going concern in the past 2 years? No Yes *please give details*

Business Name/Asset Description	Date Sold	Name of Purchaser	Amount Received
			\$
			\$
			\$

41H Are there any other business assets not sold? No Yes *please give details*

Type of Asset	Resale Value	Location of assets
Stock	\$	
Plant and Equipment	\$	
Fixtures and Fittings	\$	
Licences	\$	
Bank Accounts	\$	
Book Debts	\$	
Other (please describe)	\$	
	\$	

41I Did your business cease operating more than 6 months ago? No You must answer **Q 42** before moving on to **Q 43**
Yes Go to **Q 43**

42 Sole trader/Partnership – operating or ceased in past 6 months

42A Is any stock on consignment or subject to retention of title? No Yes

42B Is there a bill of sale or other security over business assets? No Yes *attach a copy of the bill of sale*

42C Do you have a lease agreement over your business premises? No Yes *please give details*

Landlord's Name						
Landlord's Address						
Period of lease				to		

42D Have you sold, or tried to sell the business? No Yes *please give details*

Agent's Name						
Agent's Address						
Asking Price	\$					

42E Who has your business records?

Name						
Address						
Phone No.						

42F Who prepares the financial statements and tax returns?

Name						
Address						
Phone No.						

Attach a copy of the last available financial statements

43 Companies

43A Have you been a director or had a management role in a company at any time in the last 5 years? No Go to **Q 44** Yes *please give details*

If you have operated more than one company please **copy** this section, complete and attach.

Company Name	
ABN	
Registered Address	
Trading Name	
Nature of company activity	
Is this a trustee company? If yes, what is the name of the trust?	

Officeholder positions held by you in the last 2 years
 Director Date resigned / /
 Secretary Date resigned / /

43B Has a liquidator, receiver or administrator been appointed to manage the company? No Yes *please give details*

Name	
Address	

43C Is a dividend or distribution expected? No Yes *please give details*

43D Does the company owe you any wages, loans or any other money? No Yes *please give details*

Description	Amount owed
	\$
	\$

43E Do you own, or have you at any time during the last 5 years owned any shares in this company? No Yes *please give details*

No. of shares	Date sold	Transferee name and address	Sale proceeds
			\$
			\$

43F Have you transferred any assets to the company in the last 5 years? No Yes *please give details*

Description of asset	Date of transfer	Value of asset	Money you received
		\$	\$
		\$	\$

43G Who prepares the financial statements and tax returns?

Name	
Address	
Phone No.	

Attach a copy of the last available financial statements

44 Trusts

44A Have you been a unit holder in or beneficiary of a trust in the last 5 years; **OR**

44B Have you transferred any assets to a trust in the last 5 years? No Yes *please give details*

If you have been involved in more than one trust please **copy** this section, complete and attach.

Trust Name					
Principal activity					
Type of trust	Unit	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Other
Trustee's Name					
Trustee's Address					

44C Are there assets owned by the trust? No Yes *please give details*

Asset Description	Resale Value
	\$
	\$
	\$

44D Does the trust owe you any wages, loans or other money? No Yes *please give details*

Description	Amount owed
	\$
	\$

44E Have you received any income or capital distribution from this trust in the last 2 years? No Yes *please give details*

How often do you receive a distribution	Date of last payment	Amount of last payment
		\$

44F Have you transferred any assets to the trust in the last 5 years? No Yes *please give details*

Description of asset	Date of transfer	Value of asset	Money you received
		\$	\$
		\$	\$
		\$	\$

44G Name and address of the person holding the trust deed, books of account and financial statements.

Name			
Address			
Phone No.		Email address	

Attach a copy of the last available financial statements

DECLARATION

Note: S267(2) of the Bankruptcy Act provides that a person must not sign a declaration that the person knows to be false. **Penalty:** Imprisonment for 12 months.

I declare that the particulars set out in this statement are correct.

<i>Signature</i>	<i>Date</i> / /
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Note: The documents must be filed with the ITSA office in your state **within 14 days of signing** or they will be **returned to you**.

If you received assistance completing this form, the person providing the assistance should sign the statement below.

To be completed by any person or interpreter who assisted a person to complete this form.

<i>Signature</i>	<i>Date</i> / /
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Full Name

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Address

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Reason the person required your assistance?

CHECKLIST FOR STATEMENT OF AFFAIRS

- * Have you answered **every question in Parts A, B, C, D and E**. **Part E** must be completed if you have been involved in a **business/ company/ trust** in the last 5 years.
- * Have you attached all **documentation** you have been asked to provide.

Document checklist

	Question	Document required
5	Child support	Child Support Agreement/Assessment Notice
6	Family court arrangements	Family Court order or application
7	Legal actions	Summons, writ or other documents
8	Proceeds of Crime	Court order or application
9	Income	Payslip/Tax Assessment Notice/Centrelink Statement of Benefit
32	Deceased estate	Copy of the will
33	Sale, transfer or gift of assets	Property settlement statement
41D	Sole Trader/Partnership	Partnership Agreement
42B	Security over business assets	Bill of sale or other security document/agreement
42F	Sole Trader/Partnership	Last available financial statements
43G	Companies	Last available financial statements
44G	Trusts	Last available financial statements