

(If same as in box 3 above, please indicate "see box 3 above")

Name :

NRIC No./Passport No.:

Relationship to Creditor:

(State whether director/employee/solicitors/accountant, etc)

Name of Company/Firm:

(Where applicable)

Contact Nos. (Tel/pager/HP):

Fax No.:

Email Address:

7 Signature of Creditor/Person Authorised To Complete This Proof Of Debt Form

7.1 I declare that to the best of my knowledge and belief, the company owes the creditor the amount claimed in box 4.

7.2 I declare that I am duly authorised, by the creditor/under the seal of the creditor company, to complete this proof of debt form.

Signature : _____

Date : / /
(Day)(Month)(Year)

WARNING

Lodging a false proof of debt is a criminal offence punishable with fine or imprisonment or both

Note :

- a. Please inform the Liquidator/Official Receiver/Judicial Manager of any changes in address.
- b. Please indicate the reference number that will be quoted in future correspondences with the liquidator or judicial manager.
- c. Examples of Debts are:
 - Goods Supplied
 - Services Rendered
 - GST
 - Others (please specify)
 - Wages and Salaries
 - Personal Loan
 - Overdraft facilities
 - Income Tax
 - Property Tax
 - CPF
- d. Please attach copies of documents substantiating the debt. The onus is upon the creditor to prove the debt.
- e. For claims made by an authorised person on behalf of a group of workmen and others employed by the company, please provide a schedule reflecting the name, identification/passport no., address, debt description, period for which wages are due and amount due, for each individual workman/employee.

For Official Use Only

Adjudicated on _____ day of _____ year _____

Admitted as follows :

Preferential	\$	_____
Ordinary	\$	_____
Total Admitted	\$	_____
Amount Rejected	\$	_____
Total Amount of Debt Claimed	\$	_____

Signature of Liquidator/Judicial Manager