

6 Particulars Of Persons Authorised To Complete This Proof of Debt Form

(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.:	E-mail 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.
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 change in address.
- b. Please indicate the reference number that will be quoted in future correspondence 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 the 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