

STATEMENT OF AFFAIRS (r. 164)

In the High Court of Malaya/Sabah and Sarawak at

In Bankruptcy No.: of20.....

Re: (Name of Debtor/Bankrupt) (identity card number)

You are required to fill up this form carefully and accurately to show the state of your affairs on the day on which the Bankruptcy Order made against you on the day of, 20..... This form when filled up will constitute your statement of affairs. When complete this statement must be verified on the day declared.

****Please put your initials in every bottom right document.***

CONTENTS OF STATEMENT OF AFFAIRS	PAGE
PART A: PERSONAL INFORMATION - CONFIDENTIAL	
PART B: PERSONAL INFORMATION - GENERAL	
PART C: ASSET	
PART D: DEBT	
PART E: LIABILITY	
PART F: BUSINESS/ORGANIZATION INFORMATION	
PART G: BANKRUPTCY INFORMATION	
PART H: ADDITIONAL INFORMATION	
PART I: SOLUTION	
PART J: REASON FOR DELAY IN ATTENDING MALAYSIAN DEPARTMENT OF INSOLVENCY	
PART K: HOW DO YOU KNOW ABOUT BANKRUPTCY	

DECLARATION	
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PART A: PERSONAL INFORMATION – CONFIDENTIAL

1. Bankrupt Personal Information

Name			
Age		Date of birth	
Citizenship		Race	
Identity card no.			
Armed forces/Police service no. <i>(if available)</i>			
Passport no. and expiry date <i>(foreign national only)</i>			
Current address			
Mobile phone no.			
E-mail			
Academic qualification			

PART B: PERSONAL INFORMATION – GENERAL

1. Residence information

a. Type of residence (please tick (√))	<input type="checkbox"/> Own house <input type="checkbox"/> Rented house <input type="checkbox"/> Government quarters	
b. If your own house, state the following	Name of joint owner	

information:	(if any)			
	Address			
c. If the house is rented, state the following information:	Name and identity card no. of the owner			
	Address of the owner			
	Rental Period		Monthly rental (RM)	
	Duration of residence			

**** If there is a house rental agreement, please submit the agreement and rental receipt**

2. Family Information

a. Status (please tick (√))	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
b. Number of dependants	i. Wife(s)/ Husband		ii. Children	
c. Information of the spouse	i. Name and identity card no. of the spouse			
	ii. Spouse's occupation		iii. Spouse's income	

	iv. Address of spouse's employer	
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****If more, please attach separate sheet**

d. Details of children

i. Details of children who have employed

No.	Name	Identity card no.	Marital status	Education	Employer's address	Monthly income (RM)

****If more, please attach separate sheet**

ii. Details of children who are studying

No.	Name	Identity card no.	Marital status	Education	Name of educational institution

****If more, please attach separate sheet**

3. Employment Information

a. Before bankruptcy

Occupation		Salary (RM)	
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Date of resignation	
Source of income <i>(if unemployed)</i>	

b. Current employment

Occupation		Salary (RM)	
Date of commencement of employment			
Source of income <i>(if unemployed)</i>			

****Submit last 3 months salary slip**

c. Pensioner (if you are a government/statutory body pensioner, please tick (√)):

Yes

No

Monthly pension (RM)	
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PART C: ASSETS

1. Land/House

Details	Land/House 1	Land/House 2
Address		
Secured/unsecured		
Name of joint owner <i>(if any)</i>		

Occupant's name and relationship <i>(if the land/house is occupied by another individual)</i>		
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****If more, please attach a separate sheet**

2. Vehicle (not subjected to Hire Purchase Agreement)

Details	Registration number	Type	Used by other person <i>(yes/no)</i>	Name of user and address
Vehicle 1				
Vehicle 2				

**** If more, please attach a separate sheet**

3. Bank accounts (Savings/Current/Joint account/etc.)

No.	Account No.	Bank	Branch	Name of account holder	Type of account	Balance (RM)

****Please attach the latest bank statement (front page only) for account used for payment of salary**

4. Employees Provident Fund (EPF)

EPF members no.	Balance in Account 1 (RM) (A)	Balance in Account 2 (RM) (B)	Total (RM) (A+B)	Beneficiary

****Please attach the latest EPF statement as evidence**

5. Other Assets

Tick √	Details	Estimate (RM)
	Cash in hand	
	Machinery, trade, fixtures, fittings, utensils, etc.	
	Farming stock and growing crops	
	Household furniture	
	Safe Deposit Box	
	Intellectual property (copyrights, patent, industrial design)	
	Jewellery/Antiques	
	Others. Please specify:	

*****If more, please attach separate sheet***

6. Stock in Trade

Full particulars of every description of property in possession and in reversion not included in any other list are to be set forth in this list.

Full statement and nature of property	Estimated cost (RM)		Estimated to produce (RM)	
Stock in trade in Malaysia				
Stock in trade elsewhere				
Stock in trade of goods in transit from or to the Malaysia, notice of the arrival of which had been received				

*****If more, please attach separate sheet***

7. Bills of Exchange

No.	Name of acceptor of Bill or Note	Address, etc.	Amount of Bill or Note	Date when due	Estimate to Produce	Particulars of any property held as security for payment of Bill or Note

**** If more, please attach separate sheet**

8. Share

No.	Name of company	Total share	Share current value

**** If more, please attach separate sheet**

9. Investment

No.	Name of investment	Name of investment institution	Acquired by cash/loan	Account number/ Policy number

**** If more, please attach separate sheet**

10. Savings Insurance Policy

No.	Type of insurance (e.g: life/health/ others)	Name of insurance company	Estimated saving (RM)	How much do you pay per month? (RM)

**** If more, please attach separate sheet**

11. Book Debts

Any sum, outstanding, payable or agreed to be paid by any party.

No.	Name of debtor	Residence and occupation	Amount of debt			Folio of ledger or their book where particulars to be found	When contracted		Estimated to produce	Particulars any securities held for debt
			Good	Doubtful	Bad		Month	Year		

**** If more, please attach separate sheet**

PART D: DEBTS

1. Debts (wholly or partly)

A secured debt is a loan where you charge your property wholly or partly such as house, land, etc. for the loan. If you failed to pay your debt, your property will be auctioned by the bank.

No.	Creditor's name	Creditor's address	Creditor's occupation (if individual)	property charged	Date the security was given

**** If more, please attach separate sheet**

2. Unsecured Debts

An unsecured debt is a loan given to you with no property charged.

No.	Name of creditor	Creditor's address	Creditor's occupation (if individual)	Total debt (RM)	Date the loan was given

**** If more, please attach separate sheet**

3. Preferential creditors for rent, rates, taxes and wages

Preferential creditors are creditors who will have priority in the distribution of dividend over other creditors which include income tax payable, real estate tax, arrears of employee's salary and EPF contribution payable.

No.	Creditor's name	Creditor's address	Creditor's occupation (if individual)	Nature of claim	Period during which claim accrued due	Date when due	Amount of claim	Amount payable in full	Difference ranking for dividend

**** If more, please attach separate sheet**

PART E: LIABILITY

1. Liability

Liability (something that you are legally responsible to pay)

No.	Name of creditor and claimant	Address and occupation	Amount of liability or claim	Date when the liability incurred	Type of liability

**** If more, please attach separate sheet**

2. Liability under Hire Purchase Act 1967 [Act 212]

No.	Name of creditor and claimant	Address and occupation	Amount of liability or claim	Date when the liability incurred	Type of liability

****If more, please attach separate sheet**

3. Liabilities of bankrupt on bill other than his own acceptances

No.	Name of Creditors or claimant	Address and occupation	Whether liable as drawer or endorser	Date when due	Amount	Date when liabilities incurred

****If more, please attach separate sheet**

DEFICIENCY ACCOUNT

RM

Excess of assets over liabilities on the (a) day of....., 20..... (if any)

Net profit arising from carrying on business from the (a)..... day of, 20..... to date of bankruptcy order, after deducting usual business expenses (if any).....

Income from other sources since the (a)..... day of, 20.....

Deficiency as per statement of affairs

(b)

Excess of liabilities over assets on the (a) day of, 20 (if any)

Net loss arising from carrying on business from the (a) day of, 20....., to date of bankruptcy order, after deducting from profits the usual business expenses (if any)

Bad debts (if any) as per schedule (c)

Expenses incurred since the (a) day of 20, other than usual business expenses, viz, household expenses of self and

(d).....

(e)

(b)

Surplus as per Statement of Affairs (if any)

- (a) 12 months before date of bankruptcy order or such other time as the Director General of Insolvency may fix.
- (b) These figures should agree.
- (c) This schedule must show when debts were contracted.
- (d) Add wife and children (if any) by stating the number.
- (e) Here add any other expenses or losses.

(In substitution for such of the sheets named PART A to K as will have to be returned blank).

List	Particulars, as per front sheet	Remarks

PART F: BUSINESS/ORGANIZATION INFORMATION

1. Own a sole proprietor business. Please tick (√)

Yes () No ()

If yes, please state the following:

i. Name and address of the business

ii. Type of business

iii. Business start date

iv. Business capital

v. Business end date

**** Please attach the latest SSM search on the company stated above**

2. Partner in a Partnership. Please tick (√)

Yes () No ()

If yes, please state the following:

i. Name and address of the partnership

ii. Type of partnership

iii. Partnership start date

iv. Investment capital by each partner

v. Partnership end date

**** Please attach the latest SSM search on the company stated above**

3. Director of any company or is directly or indirectly managing any company.
Please tick (√)

Yes () No ()

If yes, please state the following:

i. Name of company and address

ii. Name of the company director

iii. Name of the shareholders

iv. Type of business

v. Company commencement date

vi. Date of company cessation

vii. Expiration date of being a director or managing the company directly or indirectly

**** Please attach the latest SSM search on the company stated above**

4. **Involve in the management or supervision of any business run by or on behalf of or working under a wife/husband, child, uncle, aunt or close relative.** Please tick (√)

Yes () No ()

If yes, please state the following:

i. Name and address of the business

ii. Type of business

iii. Business start date

iv. Business capital

v. Business end date

vi. How do you complete business accounts?

**** Please attach the relevant documents as follow:**

1. **The last account statement; and**
2. **Latest SSM search on the company stated above.**

5. **Are you a committee member of or do you work with, any organization/society?** Please tick (√)

Yes () No ()

If yes, please state the following:

i. Position

ii. Income

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PART G: BANKRUPTCY INFORMATION

1. Have you ever been sentenced to bankruptcy before? Please tick (√)

Yes () No ()

If any, state the following:

i. Date of Bankruptcy Order

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ii. Petitioner

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iii. Bankruptcy status (Tick (√))

Undischarged	
Discharged	
Cancelled	

2. Reasons for your bankruptcy: Reasons for not paying debts.

Please tick (√) any of the following:

No.	Reasons	tick (√)
1.	Unemployed (eg: housewife, student)	
2.	Economic recession	
3.	Involved in gambling	
4.	Spendthrift	
5.	Health problems (eg: family, children)	
6.	Others. (Please state)	

PART H: ADDITIONAL INFORMATION

1. **Have you sold, mortgaged or leased any of your property in the last five (5) years?** Please tick (√)

YES	
NO	

**** If any, please provide evidence**

2. **Have you changed ownership of any of your properties within the last five (5) years?** Please tick (√)

YES	
NO	

**** If any, please provide evidence**

3. **Has your spouse sold any property in the last two (2) years?**
Please tick (√)

YES	
NO	

**** If any, please provide evidence**

4. **Has your spouse sold any property in the last two (2) years from the date of your bankruptcy order?** Please tick (√)

YES	
NO	

PART I: SOLUTION

HOW DO YOU WANT TO SOLVE THE DEBTS? DO YO HAVE ANY SOLUTION OR SUGGESTION?

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DECLARATION

I, Identity Card No.:,
acknowledge and confirm that the details stated in this statement are complete,
honest and true statements about my affairs.

Declared and affirmed by

.....
.....
on

SIGNATURE

Commissioner for Oaths

Date filed

Reference number

Insolvency Number

FOR OFFICE USE ONLY