GUIDE TO COMPLETING STATEMENT OF AFFAIRS FORM (SOA)

P.U. (A) 301

No. 77

STATEMENT OF AFFAIRS (r. 164)

In the High Court of Malaya/Sabah and Sarawak at .....

In Bankruptcy No.: ..... of .....20.....

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

REFER TO RECEIVING ORDER AND ADJUDICATION ORDER/ BANKRUPTCY ORDER ISSUED BY THE COURT

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	

* PLEASE PUT YOUR INITIALS HERE

PART K: HOW DO YOU KNOW ABOUT BANKRUPTCY	
DECLARATION	

PART A: PERSONAL INFORMATION — CONFIDENTIAL

1. Bankrupt Personal Information

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

* PLEASE PUT YOUR INITIALS HERE

PART B: PERSONAL INFORMATION — GENERAL

1. Residence information

<table>
<tr><td>a. Type of residence (please tick (√))</td><td colspan="3">☐ Own house
☐ Rented house
☐ Government quarters</td></tr>
<tr><td rowspan="2">b. If your own house, state the following information:</td><td>Name of joint owner (if any)</td><td colspan="2"></td></tr>
<tr><td>Address</td><td colspan="2"></td></tr>
<tr><td rowspan="4">c. If the house is rented, state the following information:</td><td>Name and identity card no. of the owner</td><td colspan="2"></td></tr>
<tr><td>Address of the owner</td><td colspan="2"></td></tr>
<tr><td>Rental Period</td><td></td><td>Monthly rental (RM)</td><td></td></tr>
<tr><td>Duration of residence</td><td colspan="2"></td></tr>
</table>

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

* PLEASE PUT YOUR INITIALS HERE

2. Family Information

a. Status (please tick (√))	☐ Single ☐ Married ☐ 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			

If more, please attach separate sheet

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

d. Details of children

i. Details of children who is employed

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

If more, please attach separate sheet

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

* PLEASE PUT YOUR INITIALS HERE

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

3. Employment Information

a. Before bankruptcy

Occupation		Salary (RM)	
Date of resignation			
Source of income *(if unemployed)*			

b. Current employment

Occupation		Salary (RM)	
Date of commencement of employment			
Source of income *(if unemployed)*			

Submit last 3 months salary slip

* PLEASE PUT YOUR INITIALS HERE

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

Yes ☐

No ☐

Monthly pension (RM):	

PART C: ASSETS

1. Land/House

Details	Land/House 1	Land/House 2
Address		
Secured/unsecured		
Name of joint owner *(if any)*		
Occupant's name and relationship *(if the land/house is occupied by another individual)*		

LIST ALL OF YOUR PROPERTY UNDER YOUR NAME;
IF THE PROPERTY IS BEING CHARGED WITH BANK, STATE THE NAME OF THE BANK (CHARGEE) & THE INSTALLMENT AMOUNT;
FOR UNSECURED PROPERTY, YOU HAVE TO SURRENDER YOUR TITLE TO MdI.

If more, please attach a separate sheet

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

2. Vehicle (not subjected to Hire Purchase Agreement)

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

LIST ALL OF YOUR VEHICLES UNDER YOUR NAME;
FOR VEHICLE NOT SUBJECTED TO HIRE PURCHASE AGREEMENT, YOU HAVE TO SURRENDER YOUR VEHICLE OWNERSHIP CERTIFICATE (VOC) TO MdI.

If more, please attach a separate sheet

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

* PLEASE PUT YOUR INITIALS HERE

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***

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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***

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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	

ALL SUPPORTING DOCUMENTS RELATING TO YOUR ASSETS MUST BE SURRENDERED UPON SUBMISSION OF THE STATEMENT.

* PLEASE PUT YOUR INITIALS HERE

	Others (please specify)	

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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 RELEVANT;
PLEASE PROVIDE A LIST OF INVENTORY, FURNITURE, SUPPLIER ITEMS AND STOCK FROM THE SUPPLIER.

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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

THIS FACILITY IS EXTENDED TO SELLERS OR EXPORTERS WHO SELL ON SIGHT TERMS UNDER COLLECTION. THE BANK WILL PURCHASE YOUR SALES /EXPORT DOCUMENTS AND ADVANCE YOU THE PROCEEDS PRIOR TO PAYMENT FROM THE BUYER. IT IS A SHORT-TERM ADVANCE TO COVER THE TRANSIT PERIOD PENDING PAYMENT RECEIVED FOR THE SHIPMENT.

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

* PLEASE PUT YOUR INITIALS HERE

8. Share

No.	Name of company	Total share	Share current value

IF RELEVANT;
PLEASE PROVIDE 'LISTED SHARES' (REFER TO BURSA MALAYSIA), 'UNLISTED SHARES' (REFER TO COMPANY SECRETARY/ SSM COMPANY SEARCH) & 'MEMBERSHIP SHARES' (IF A MEMBER OF ANY COOPERATIVE/ FINANCIAL INSTITUTION)

If more, please attach separate sheet

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

9. Investment

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

IF RELEVANT;
REFER TO YOUR PARTICIPATING INVESTMENT INSTITUTIONS (IF NECESSARY).

If more, please attach separate sheet

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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 RELEVANT;
REFER TO YOUR PARTICIPATING INSURANCE COMPANIES (IF NECESSARY).

If more, please attach separate sheet

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

* PLEASE PUT YOUR INITIALS HERE

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		

LIST OF PERSONS SUPPOSED TO BE INDEBTED TO YOU;
ALL SUPPORTING DOCUMENTS RELATING TO THE DEBT MUST BE SURRENDERED UPON SUBMISSION OF THE STATEMENT. E.G. AGREEMENTS AND STATUTORY DECLARATION FOR FRIENDSHIP LOAN.

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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

A COPY OF THE DOCUMENT CREATING THE CHARGE MUST BE ATTACHED.

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

* PLEASE PUT YOUR INITIALS HERE

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 debt was given

ALL SUPPORTING DOCUMENTS E.G. INVOICES, AGREEMENTS ETC MUST BE SURRENDERED UPON SUBMISSION OF THE STATEMENT;

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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 in ranking for dividend

ALL OUTSTANDING LOCAL RATES AND LAND TAX, INCOME TAX, EPF, WORKER WAGES OR SALARIES ETC. IF PLEASE ATTACH SUPPORTING DOCUMENTS RELATED TO THE DEBT. FOR EXAMPLE, A DEFAULT NOTICE.

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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

LIST ALL OF YOUR OBLIGATIONS;
ALL SUPPORTING DOCUMENTS RELATING TO THE OBLIGATION MUST BE SURRENDERED UPON SUBMISSION OF THE STATEMENT. E.G. AGREEMENTS

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

* PLEASE PUT YOUR INITIALS HERE

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

LIST ALL OF YOUR VEHICLES UNDER YOUR NAME THAT STILL UNDER HIRE PUCRHASE AGREEMENT WITH BANK (STATE THE NAME OF THE BANK);
FOR VEHICLE NOT SUBJECTED TO HIRE PURCHASE AGREEMENT, YOU HAVE TO SURRENDER YOUR VEHICLE OWNERSHIP CERTIFICATE (VOC) TO MdI.

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

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 inccured

IF RELEVANT;
REFER TO YOUR BUSINESS/COMPANY RECORD.

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

PLEASE USE THE SAME FORMAT IN A SEPARATE SHEET (IF NECESSARY).

* PLEASE PUT YOUR INITIALS HERE

IF RELEVANT;
REFER TO BUSINESS/COMPANY FINANCIAL STATEMENTS OR AUDIT REPORT.

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)*
.....

* PLEASE PUT YOUR INITIALS HERE

(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***

* PLEASE PUT YOUR INITIALS HERE

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

* PLEASE PUT YOUR INITIALS HERE

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 any 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

* PLEASE PUT YOUR INITIALS HERE

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

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

* PLEASE PUT YOUR INITIALS HERE

ii. Petitioner

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***

* PLEASE PUT YOUR INITIALS HERE

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 before 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?

* PLEASE PUT YOUR INITIALS HERE

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

";

GENERAL INSTRUCTIONS:

1) PLEASE FILL IN ALL RELATED FIELDS WITH ACCURATE AND CLEAR INFORMATION;
2) NO SCHEDULE OR ANY PART THEREOF IS TO BE LEFT BLANK. PLEASE STATE 'NIL' OR 'NOT APPLICABLE';
3) IF THE SPACE PROVIDED FOR EACH SCHEDULE IS INSUFFICIENT, PLEASE DUPLICATE THE RELEVANT PAGE OF THE SCHEDULE FOR YOUR USE;
4) ALL SUPPORTING DOCUMENTS E.G. INVOICES, DELIVERY NOTES, JUDGEMENTS, AGREEMENTS ETC MUST BE SURRENDERED UPON SUBMISSION OF THE STATEMENT;
5) IF IT IS STILL NOT CLEAR HOW TO FILL IN THE FORM IN CERTAIN SECTIONS, PLEASE REFER TO THE OFFICER AT MdI BRANCH FOR FURTHER INFORMATION; AND
6) THE COMPLETED FORM MUST BE SUBMITTED TO THE BRANCH ADMINISTRATING YOUR CASE.