

Debtor's Petition (Application to become bankrupt)

Bankruptcy Act 1966 Section 55(2)



Australian Government
Insolvency and Trustee Service Australia

Contact Details

Title	Given Name/s (include all given names)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other names used in past 10 years

Title	Given Name/s (include all given names)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given Name/s (include all given names)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Number (including area code)	Work Number (including area code)	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Postcode
<input type="text"/>	<input type="text"/>

Current Occupation	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

To be eligible to present this petition you must have a relevant Australian connection. (Tick the statement that describes your connection to Australia)

- I am personally present in Australia, or ordinarily resident in Australia
- I have a dwelling house or place of business in Australia
- I or my firm/partnership is carrying on business in Australia

I am presenting this Debtor's Petition to become bankrupt: (Tick one the following)

- As an individual debtor
- Against a business partnership of which I am a partner (petitions from either all or a majority of the partners need to be submitted together with your petition)
- Jointly with another person and we are not in a business partnership (petition from the other person needs to be submitted together with your petition)
- I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE PRESCRIBED INFORMATION OVER THE PAGE**

Your Signature

Date (DD/MM/YYYY)

Declaration of person who assisted with the completion of forms

I declare that before this form was completed, I carefully **read to/interpreted** for the person named above the prescribed information and the questions on this form **or** [where the person is physically incapacitated] satisfied myself that the person had read and understood the information and questions. The responses provided in this form are those of the person named above.

Reason the debtor required your assistance

Full name and address of the person assisting

Signature of the person assisting

Date (DD/MM/YYYY)