



# STATEMENT OF AFFAIRS

## Bankruptcy Act 1966

Form last approved by Inspector-General 1/12/10.

### Privacy

The information you are required to provide on this form is collected under, and for the purposes of, the *Bankruptcy Act 1966* or related legislation. The Australian Financial Security Authority has a privacy policy at [www.afsa.gov.au/privacy](http://www.afsa.gov.au/privacy) that provides information regarding the collection, storage, use and disclosure of personal information, including how you may: (i) access your personal information; (ii) seek to have that information corrected; and (iii) complain if you feel your privacy has been breached, along with information on how your complaint will be dealt with.

### Your Name

Print name in full

Title	Given name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not speak, read or write English, the Interpreting Service is available for the cost of a local call on 131 450.

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### Office Use Only

Date filed	Event number	Administration number
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL NOTES

## PART A – PERSONAL DETAILS - CONFIDENTIAL

**1 Your Personal Details**

Home telephone number

Work telephone number

Mobile number

Fax number

Email address

Do you prefer to receive correspondence by email where possible?  No  Yes

Name and address of a contact person who does not live with you

Title

Given name/s

Surname

Address

Postcode

Telephone number

Relationship

Do you have any passports?  No  Yes If yes, how many?  please give details

Passport 1

Passport number

Expiry date

Country of issue

Passport 2

Passport number

Expiry date

Country of issue

Do you have a current driver's licence?  No  Yes please give details

Licence number

Expiry date

State of issue in Australia

Other

Are you of Aboriginal or Torres Strait Islander origin? (optional)  No  YesWere you born overseas? (optional)  No  Yes please give details

Which country? (optional)

What languages do you speak at home? (optional)

**2 Accountant**Do you have an accountant?  No  Yes please give details

Firm name

Contact person

Phone number

Address

Postcode

**3 Solicitor**

Do you have a solicitor?  No  Yes please give details

Firm name

Contact person

Phone number

Address

Postcode

**4 About your family**

Do you have a spouse/partner?  No  Yes please give details

Your spouse/partner's full name

Do you live with your spouse/partner?  No  Yes

What is your spouse/partner's separate gross income (\$)  per year, OR  per week

Do you have any dependants residing with you? (eg spouse, children, parents, invalid relative)  No  Yes please give details

Full name	Relationship	Date of birth	Separate income (\$)

**5 Child Support**

In the next 12 months, do you expect to pay or receive any financial support under the Child Support (Assessment) Act or the *Family Law Act 1975*?  No  Yes Please give details and provide a copy of the assessment or order

	Paid to/received from	Amount (\$)	Frequency
<input type="checkbox"/> I pay child support/maintenance			
<input type="checkbox"/> I receive child support/maintenance			

**6 Family Law Financial Proceedings**

Have you been a party to a family law property or spousal maintenance order or agreement?

No  Yes

Please provide a copy of the agreement or order

Date of the order

Are you currently involved in any family law property or spousal maintenance proceedings?

No  Yes

Please provide a copy of the application. Do not include proceedings for custody of children

Are you likely to become involved in any such proceedings?

No  Yes

**7 Legal Actions**

Are you involved in any legal processes or disputes?

No  Yes

Provide a copy of the summons, writ or other legal documents and letters

Plaintiff	Defendant	Court	Plaint no.

**8 Proceeds of Crime Orders**

Are you or your property subject to a proceeds of crime order or an application for a proceeds of crime order?

No  Yes

Provide a copy of the order

**9 Summary of your Income in the last 12 months**

Provide details of your income (before tax) over the past 12 months.

Type of income	Details	\$
Government benefits/pensions Payment type:		
Income from self employment Business name:		
Income from business Business name:		
Gross wages & salary before tax Employer name:		
Superannuation retirement funds Fund name:		
Lump sum termination payments Received from:		
Deceased estate or trusts Received from:		
Income from investments (eg dividends, interest, trusts) Received from:		
Income from reverse mortgages Received from:		
Any other source Received from:		
Total		

You must provide evidence of your income (eg payslips, tax returns, statements)

**10 Summary of your Expected Income in the next 12 months**

Provide details of your income (before tax) that you expect to receive in the next 12 months.  
If you are not sure, please estimate.

Type of income	Details	\$
Government benefits/pensions Payment type:		
Income from self employment Business name:		
Income from business Business name:		
Gross wages & salary before tax Employer name:		
Superannuation retirement funds Fund name:		
Lump sum termination payments Received from:		
Deceased estate or trusts Received from:		
Income from investments (eg dividends, interest, trusts) Received from:		
Income from reverse mortgages Received from:		
Any other source Received from:		
<b>Total</b>		

You must provide evidence of your income to your trustee (eg payslips, tax returns, statements) on the anniversary of your bankruptcy and when your income changes

**11 Employment Status**

Are you currently employed?  No  Yes Go to Q12

How long have you been unemployed? Years  Months

What was your occupation when you were last employed?  Go to Q15

**12 Current Employment**

Employer details	Job 1	Job 2
Name		
Address		
Employed as		
Type of industry		
Pay period (week/fortnight/month)		
How many hours do you work per week?		
Is your employer a related entity?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

If you are unsure whether your employer is related, please refer to the instructions in the front of this booklet before answering this question.

Employment Income	Job 1 (\$)		Job 2 (\$)
<b>Income</b>			
Gross pay per pay period (before tax)		(A)	
<b>Deductions</b>			
Income tax			
Garnishees by creditors			
Superannuation			
Maintenance/child support			
Other			
Total Deductions		(B)	
What is your net pay? (\$)		(A)–(B)	

Provide your payslip

**13 Private Health Insurance**

Do you have private patient hospital cover?

No  Yes

**14 Salary Sacrifice**

Is your salary now or at any time in the last 2 years subject to a salary sacrifice arrangement? (that is, you have given up cash wages for another type of non-cash benefit)

No  Yes please give details

**15 Superannuation Benefits**

Does any party make a superannuation contribution for you?  No  Yes please give details

Name and address of the person making the payment	Where is it paid to?	How much is paid? (\$ per week)

**16 Other Benefits**

Do you, or any member of your family, receive or expect to receive any benefit from any other person or entity? (include rent, low interest loans, payment of your expenses or children’s education)  No  Yes please give details

Type of benefit	1	2
Name of person giving benefit		
Name of person receiving benefit		
Value of benefit per year (\$)		
Your contribution per year (\$)		

**17 Motor Vehicle Benefits**

Do you use a vehicle which is owned by someone else?  No  Yes please give details

Owner’s name and address

Relationship (eg employer/spouse)

When did the owner purchase the vehicle?

Make of vehicle

Model of vehicle

Year of manufacture

How much do you contribute for the use of the vehicle? (\$)

How many days per week do you have the vehicle?

How many kilometres do you travel per week?



**18 About Your Insolvency**

What do you believe is the main cause of your insolvency?

**Tick one cause only** in either 18A or 18B that best describes the main cause of your financial difficulties.

**18A Non business related**

- Unemployment or loss of income
- Adverse legal action
- Liabilities due to guarantees
- Gambling, speculation & extravagance in living
- Ill health or absence of health insurance
- Domestic discord or relationship breakdowns
- Excessive use of credit facilities including losses on repossessions, high interest payments and pressure selling

**18B Business related (only applies if you have personally operated a business)**

- Economic conditions affecting industry, including competition, credit restrictions, fall in prices or increases in costs
- Lack of business ability including underquoting or failure to assess potential of business
- Excessive interest payments on loan monies and capital losses on repayments
- Excessive drawings including failure to provide for taxation
- Inability to collect debts due to disputes, faulty work or bad debts
- Failure to keep proper books of account and costing records
- Lack of sufficient initial working capital
- Gambling or speculation
- Seasonal conditions including floods and drought
- If other reason not listed, please specify:

**18C** When did you first have difficulty paying your debts? (month/year)

**18D** Where did you obtain information about bankruptcy and the alternatives? (tick one only)

- |                                      |   |                                  |
|--------------------------------------|---|----------------------------------|
| <input type="radio"/> AFSA           | <input type="radio"/> Financial Counsellor                        | <input type="radio"/> Accountant |
| <input type="radio"/> AFSA pamphlets | <input type="radio"/> Registered Trustee                          | <input type="radio"/> Solicitor  |
| <input type="radio"/> AFSA website   | <input type="radio"/> Debt agreement consultant/<br>administrator | <input type="radio"/> Other      |

**18E** Have you previously presented a declaration of intention to present a debtor's petition, proposed or entered into a debt agreement or a personal insolvency agreement or become bankrupt?

No  Yes please give details

Type of proceeding	Administration number	Year
Bankruptcy		
Part IX debt agreement		
Part X personal insolvency agreement		
Declaration of Intention to present a debtor's petition		

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Any information provided from this point on is available to the public

## PART B – PERSONAL DETAILS - PUBLIC

**19 About You**Gender  Male  Female Date of birth Title  Mr  Mrs  Ms  Miss  OtherFamily name  Given names 

List all other names you have used in the last 10 years

Residential address  Postcode Do you own or are you buying this property?  No  Yes please give details at Q28If no to the question above, are you renting this property?  No  YesPostal address  Postcode Previous two residential addresses. Address 1  Postcode Did you own or were you buying this property?  No  Yes Date sold Address 2  Postcode Did you own or were you buying this property?  No  Yes Date sold **20 Occupation**

What is your usual trade or profession?

**21 Business**In the past 5 years have you operated a business as a sole trader, via a partnership, via a company or a trust?  No  Yes Provide details in Part E

## PART C – YOUR ASSETS - PUBLIC

**22 Cash**

How much cash do you have? (include cash at bank at Q23)

\$

**23 Banks / Building Societies / Credit Unions/ Other Financial Institutions**List all accounts held (include joint and overdrawn accounts) with any of the above types of institutions within the last 12 months. (**Note:** presently overdrawn accounts should also be included as creditors at Q40)

Full name of bank/other financial institution	Branch name	Account number and account type	Current balance (\$)	Joint account
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes
				<input type="radio"/> No <input type="radio"/> Yes

**24 Tax Refund**Do you expect to receive a tax refund?  No  Yes please give details

Year ended	Amount expected (\$)
30 June	
30 June	

**25 Tools of Trade**Do you have tools of trade?  No  Yes please give details

What is their estimated resale value? (\$)

**26 Superannuation and Life Insurance Policies**

List all superannuation funds and life insurance policies

Name of fund	Is this a regulated fund?	Balance of fund (\$)	Type of fund
	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Super <input type="radio"/> Life
	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Super <input type="radio"/> Life
	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Super <input type="radio"/> Life

Have you received a superannuation payout from any fund in the last 5 years?

 No  Yes

please give details

Date received

Amount received (\$)

Have you made a lump sum payment to any superannuation fund in the last 5 years?

 No  Yes

please give details

Date paid

Amount paid (\$)

Do you expect to receive payment from any superannuation fund in the next 3 years?

 No  Yes

**27 Vehicles**

Do you own, or have an interest in any vehicles?  
(this includes cars, motor bikes, trailers, caravans, campervans, boats)  No  Yes please give details

Type of vehicle (eg car, boat)	Make	Model	Year	Registration number	Estimated resale value (\$)	Amount owed (if any) (\$)

Please copy this page if you own more than one property.

**28 Real Estate**

Do you own, or are you buying, any land or buildings in Australia or overseas?  
(This includes any interest in vacant land, house, unit, commercial property)  No - Go to Q 29  
 Yes - please give details

Is there a building on the land?  No  Yes please give details

Type eg house/unit	Age of building in years	Number of bedrooms	Number of bathrooms

What is the property address?

Date the property was acquired or purchased

Amount paid to acquire or purchase the property (\$)

What is the estimated resale value of the property?  
(\$)

How much do you owe to creditors who hold security over  
this property? (\$)

Are there any other owners?  No  Yes please give details

	Owner 1	Owner 2
Name		
Address		

Is the property vacant?  No  Yes

Do you live at the property?  No  Yes

Does your partner live at the property?  No  Yes

Is the property rented to tenants?  No  Yes please give details

Gross rent per week (\$)

Name of person collecting rent

Address

Is the property listed for sale?  No  Yes please give details

Agent's name

Address

Is the property insured?  No  Yes Expiry date

**29 Shares**

Do you own, or are you entitled to any shares, options, rights, convertible notes or other securities?  No  Yes please give details

Name and address of company	Number of shares	Shareholder number	Date acquired	Market value (\$)	See note below

**Note:** Do any of the above shares have any restrictions on their sale? (Eg certain types of employee shares cannot be sold for a specified period). If there are any sale restrictions, please write 'R' in the last column above.

**30 Investments**

Do you have any managed investments, insurance bonds, debentures or other investments?  No  Yes please give details

Investment type	Date acquired	Market value (\$)

**31 Money Owed to You**

Do you have any debts owed to you? (include loans to friends and relatives and to family trusts or private companies; do not include child support arrears)  No  Yes please give details

Name and address of person or organisation who owes you money	Date debt was created	Amount owed (\$)	Amount likely to be received (\$)

**32 Deceased Estate**

Do you have an interest in a deceased estate? Provide a copy of the will or letters from the executor

No  Yes please give details

Name of deceased	Date of death	Executor name and address	Estimated value of benefit (\$)

**33 Sale, Transfer or Gift of Assets in the last 5 years**

Have you sold, transferred or given away any assets worth more than \$1000 in the last 5 years? Provide a copy of the receipt or settlement statement

No  Yes please give details

What did you sell, transfer or give away?	To whom was it sold, transferred or gifted?	Date transferred	What was it worth?	How much was it sold for? (\$)	How much did you receive net? (\$)

**34 Assets you own which are in somebody else's possession**

Do you own any assets which are not currently in your possession?

No  Yes please give details

Description of asset	Who has the asset? Name and address	What is it worth? (\$)

**35 Assets you contributed towards or helped purchase**

Have you contributed or otherwise assisted in the purchase or improvement of any asset valued over \$1000 which is held by someone else?

No  Yes please give details

Description of asset	Name and address of person who has the asset	What is it worth? (\$)

**36 Assets/Money Paid to Creditors**

As a result of pressure for payment from creditors have you, in the last 12 months, paid a total amount of more than \$1000 over and above your normal repayments or surrendered any assets to a creditor?  No  Yes please give details

Date paid/surrendered	Type of asset (eg cash/house)	Value of asset (\$)	Name of creditor

**37 Other Items of Value**

Other than your general household furniture, do you own any other assets or items of value? (eg jewellery, camera, artworks, antiques, copyrights)  No  Yes please give details

Description of asset	Location of asset	Estimated resale value (\$)	Jointly owned
			<input type="radio"/> No <input type="radio"/> Yes
			<input type="radio"/> No <input type="radio"/> Yes
			<input type="radio"/> No <input type="radio"/> Yes
			<input type="radio"/> No <input type="radio"/> Yes
			<input type="radio"/> No <input type="radio"/> Yes
			<input type="radio"/> No <input type="radio"/> Yes
			<input type="radio"/> No <input type="radio"/> Yes
			<input type="radio"/> No <input type="radio"/> Yes

Please attach a list if you have more assets



## PART D – YOUR LIABILITIES - PUBLIC

**38 Secured Creditors**

List your secured creditors. (Creditors who are not secured should be listed at Q40)

A secured creditor is a creditor who can repossess and sell your asset/s if you fall behind with your payments. For example, a mortgage over your house, a hire purchase/lease agreement over your vehicle, a chattel mortgage or a bill of sale over your business assets.

	Secured creditor no. 1	Secured creditor no. 2	Secured creditor no. 3
Creditor's name			
Creditor's postal address			
Account/loan number			
Total amount owing to this creditor (\$)			
Type of security (eg mortgage)			
Date the security was given			
Description of secured asset			
Location of asset			
Estimated resale value of the asset (\$)			
Is it a joint loan?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Are repayments up to date?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Has the creditor repossessed the asset?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Related creditor	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

Related creditors - If you are unsure whether a creditor is related, please refer to the information sheet accompanying this form before answering this question. Related creditors must be disclosed by selecting Yes or No.

**39 Equity Loan**

Have you used any equity or made any additional loan withdrawals against any of the above secured property in the last 12 months?  No  Yes please give details

Date	Amount withdrawn (\$)



**41 Sole Trader/Partnership**

Have you been in business as a sole trader or in partnership at any time in the last 5 years?  No Go to Q43  Yes please give details

If you have operated more than one business please copy this section, complete and attach.

Business name

Business address



41A Is the business registered with the Australian Taxation Office for GST payments?  No  Yes

41B Is the GST registration on a cash or accrual basis?  Cash  Accrual

41C Do you have an Australian Business Number?  No  Yes Number

What is the nature of this business?

Partner's name and address (if any)?

Second partner's name and address (if any)?

41D Is there a written partnership agreement?  No  Yes attach copy

41E When did the business start operating? Date

41F Has the business ceased operating?  No  Yes Date ceased

41G Have you sold any business assets or have you sold the business as a going concern in the past 2 years?  No  Yes please give details

Business name/asset description	Date sold	Name of purchaser	Amt received (\$)

41H Are there any other business assets not sold?  No  Yes please give details

Type of asset	Resale value (\$)	Location of assets
Stock		
Plant and equipment		
Fixtures and fittings		
Licences		
Bank accounts		
Book debts		
Other (please describe) below		

41I Did your business cease operating more than 6 months ago?  No - you must answer Q42 before moving on to Q43  Yes - go to Q43

**42 Sole Trader/Partnership – Operating or Ceased in past 6 months**

42A Is any stock on consignment or subject to retention of title?  No  Yes

42B Is there a bill of sale or other security over business assets?  No  Yes attach copy of the bill of sale

42C Do you have a lease agreement over your business premises?  No  Yes please give details

Landlord name

Landlord address

Period of lease

 to 

42D Have you sold or tried to sell the business?  No  Yes please give details

Agent name

Agent address

Asking price (\$)

42E Who has your business records?

Name

Telephone number

Address

42F Who prepares the financial statements and tax returns?

Name

Telephone number

Address

Attach copies of the last available financial statements

**43 Companies**

- 43A Have you been a director or had a management role in a company at any time in the last 5 years?  No - Go to Q 44  Yes - please give details

If you have operated more than one company please copy this section, complete and attach.

Company name

ABN

Registered address

Trading name

Nature of company activity

Is this a trustee company? If yes, what is the name of the trust?

Officeholder positions held by you in the last 2 years

Director      Date resigned

Secretary      Date resigned

- 43B Has a liquidator, receiver or administrator been appointed to manage the company?  No  Yes please give details

Name

Address

- 43C Is a dividend or distribution expected?  No  Yes please give details

- 43D Does the company owe you any wages, loans or any other money?  No  Yes please give details

Description	Amount owed (\$)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 43E Do you own, or have you at any time during the last 5 years owned any shares in this company?  No  Yes please give details

No. of shares	Date sold	Transferee name and address	Sale proceeds (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

43F Have you transferred any assets to the company in the last 5 years?  No  Yes please give details

Description of asset	Date of transfer	Value of asset (\$)	Money you received (\$)

43G Who prepares the financial statements and tax returns?

Name  Telephone number

Address

Attach a copy of the last available financial statements

**44 Trusts**

44A Have you been a unit holder in or beneficiary of a trust in the last 5 years; OR

44B Have you transferred any assets to a trust in the last 5 years?  No  Yes please give details  
 If you have been involved in more than one trust please copy this section, complete and attach.

Trust name

Principal activity

Type of trust  
 Unit  Discretionary  Other

Trustee name

Trustee address

44C Are there any assets owned by the trust?  No  Yes please give details

Asset description	Resale value (\$)

44D Does the trust owe you any wages, loans or other money?  No  Yes please give details

Description	Amount owed (\$)

44E Have you received any income or capital distribution from this trust in the last 2 years?  No  Yes please give details

How often do you receive a distribution	Date of last payment	Amount of last payment (\$)

44F Have you transferred any assets to the trust in the last 5 years?  No  Yes please give details

Description of asset	Date of transfer	Value of asset (\$)	Money you received (\$)

44G Name and address of the person holding the trust deed, books of account and financial statements.

Name

Telephone number



Address

Email address

Attach a copy of the last available financial statements

**DECLARATION**

Note: S267(2) of the Bankruptcy Act provides that a person must not make a declaration that the person knows to be false. Penalty: Imprisonment for 12 months.

I declare that the particulars set out in this statement are correct.

Signature

Date (DD/MM/YYYY)

If you received assistance completing this form, the person providing the assistance should sign the statement below.

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)



## CHECKLIST FOR STATEMENT OF AFFAIRS

- Have you answered every question in Parts A, B, C, D and E. Part E must be completed if you have been involved in a business/ company/ trust in the last 5 years.
- Have you attached all documentation you have been asked to provide.

## Document checklist

	Question	Document required
5	Child support	Child Support Agreement/Assessment Notice
6	Family law financial proceedings	Family law or spousal maintenance order or application
7	Legal actions	Summons, writ or other documents
8	Proceeds of crime	Court order or application
9	Income	Payslip/Tax Assessment Notice/Centrelink Statement of Benefit *
32	Deceased estate	Copy of the will
33	Sale, transfer or gift of assets	Property settlement statement
41D	Sole trader/partnership	Partnership Agreement
42B	Security over business assets	Bill of sale or other security document/agreement
42F	Sole trader/partnership	Last available financial statements
43G	Companies	Last available financial statements
44G	Trusts	Last available financial statements

\* Documents in support of income: please ensure that any document you attach in support of your income does not display your tax file number (TFN). Where you are attaching your Tax Assessment Notice or any other document that contains your TFN, please ensure that TFN data is erased or 'blacked out' so that the TFN is not visible.