



Company Number:  
Date Appointed:

**STATEMENT OF AFFAIRS**

Any personal information collected is for the purpose of administering the insolvency assignment in accordance with the Terms of the Insolvency Appointment Agreement. The information will be used and retained by Norris Management Services Ltd and will be released to other parties only with your authorisation or in compliance with statutory authorities. **You are obliged to provide this information fully, truthfully and to the best of your knowledge.** You may have access to and request correction of any personal information included in this document.

Company Name \_\_\_\_\_

Trading Name \_\_\_\_\_

Has the company carried on business / traded in any other name?

Yes  No Give details \_\_\_\_\_

**PART A - CONTACT INFORMATION**

**1. NAME OF PERSON COMPLETING THIS FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Capacity in the Company**

Director  Shareholder  Manager  Employee  Accountant  Solicitor \_\_\_\_\_

Other \_\_\_\_\_

(Please give details) \_\_\_\_\_

**2. COMPANY CONTACT DETAILS**

Physical Address \_\_\_\_\_ Postal Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**3. DIRECTORS CONTACT DETAILS**

**Director 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Director 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**4. COMPANY ACCOUNTANT (IF ANY)**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Accountant**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Phone \_\_\_\_\_

Date Ceased Acting \_\_\_\_\_

**5. COMPANY SOLICITOR (IF ANY)**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Solicitor**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Phone \_\_\_\_\_

Date Ceased Acting \_\_\_\_\_

**PART B - BACKGROUND****6. Nature of Company's business (give details)**


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**7. a. Does / did the Company rent / lease business premises?**  Yes 

b. Name of Landlord / agent of business premises

Name 

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Address 

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Phone 

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c. What date is rent paid up to? / / What was the amount paid? \$ 

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d. Is there a lease agreement? s No What is the term of the lease? 

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e. Who has the company's copy of the lease agreement? 

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f. Are there any subleases? Yes Give details 

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g. Have any leases been assigned, surrendered or otherwise disposed of by the company before the date of this insolvency assignment? Yes  No Give details 

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h. Are the premises protected by security alarm? es Give details 

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i. Who holds the keys to the premises?

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**8. Are there ongoing contracts for which the company is receiving a service eg: security monitoring of premises?**Name of provider 

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Nature of service 

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Postal Address 

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**9. Has the company ever been, or is it currently in receivership?**  Yes  NoName of Receiver 

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Appointed by 

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Date Appointed 

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Date Ceased 

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10. a. Is there a debenture over the assets of the company?  Yes  No

Debenture holder \_\_\_\_\_

b. Have steps been taken to raise security?  Yes  No

Give details \_\_\_\_\_

11. Has any person(s) involved in the management of this company been involved in another company that has been liquidated or placed into receivership?

Yes  No Give details \_\_\_\_\_

12. Has any person(s) involved in the management of this company ever been made bankrupt?

Yes  No Give details \_\_\_\_\_

13. Has any person involved in this company personally guaranteed any of the company's debts?

Yes  No Give details \_\_\_\_\_

14. When do you believe the company first became unable to pay its debts as they fell due and what made you choose this date?

\_\_\_\_\_  
\_\_\_\_\_

15. Were creditors informed of the company's position?

Yes  No Give details \_\_\_\_\_

16. Has any of the company's property been seized in the last 6 months, eg by distress warrant or distraint?

Yes  No Give details \_\_\_\_\_

17. Has the company give away any of its property in the last two years?

Yes  No Give details \_\_\_\_\_

18. Has any person or other entity left any personal property or belongings in the company's care?

Yes  No Give details \_\_\_\_\_

19. Does any person or other entity have any of the company's property?

Yes  No Give details \_\_\_\_\_

20. Has the company sold any property to a director, shareholder, a relative of a director or shareholder or any entity (ie company or trust) associated with these people in the past two years?

Yes  No Give details \_\_\_\_\_

Name of purchaser \_\_\_\_\_

Item sold \_\_\_\_\_

Date of sale \_\_\_\_\_

Sale price \_\_\_\_\_

Details of Payment \_\_\_\_\_

**21. Is the company currently involved in any court case?**  Yes  No  
(if yes state name of the case, the name of the court, name of the other party and the solicitor representing you.)

Give details \_\_\_\_\_  
\_\_\_\_\_

**22. Is the company a member of Bartercard or any similar organisation?**

Yes  No Give details \_\_\_\_\_

**23. Does the company have in its possession any item that is subject to Retention of Title?**

Yes  No Give details \_\_\_\_\_

Item \_\_\_\_\_

Location of item \_\_\_\_\_

Name of creditor \_\_\_\_\_

Amount owed \_\_\_\_\_

Value of item \_\_\_\_\_

**24. Has any creditor seized items within the last 6 months pursuant to Retention of Title?**

Yes  No Give details \_\_\_\_\_

Item \_\_\_\_\_

Location of item \_\_\_\_\_

Name of creditor \_\_\_\_\_

Amount owed \_\_\_\_\_

Value of item \_\_\_\_\_

**25. Who was responsible for completing the company's day to day accounting records?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Where are the accounting records located? \_\_\_\_\_

What was the date of the last annual financial statement? \_\_\_\_\_

Was the company registered for GST?  Yes  No  If yes, please provide details:

Name Registered \_\_\_\_\_ GST Number

Type of Registration       Invoice Basis       Payment Basis       Hybrid Basis

Period covered by last return \_\_\_\_\_

Frequency of returns       1 month       2 months       6 months

Where are the following records kept?	Not sure	Yes	No	Are these records computerised?	Location of records
Asset Register					
Bank Statements					
Cash book - Cash in / Cash out					
Cheque Butts - (since commencement period)					
Communications with Shareholders					
Constitution					
Contract Papers & Other Legal Documents					
Copies of Annual Financial Statements					
Correspondence					
Creditors Invoices					
Current Cheque and Deposit Books					
Debtors Ledgers & Current Invoices					
Deposit Butts - of last prepared accounts					
Director Certificates					
Employment Contracts					
Employee Records					
GST Records					
Hire Purchase Agreements					
Interests Register					
Journals					
Lease Agreements					
Ledgers					
Minute Book					
Receipt Books					
Register of Directors					

Register of Shareholders					
Stock Sheets					
Wage Records					

Where any company records kept on a computer?  Yes  No

What accounting package was used? \_\_\_\_\_

Where is the computer located? \_\_\_\_\_

Who can access these records? \_\_\_\_\_

Is a full back up available, including software?

Yes  No Give details \_\_\_\_\_

**26. Cause of Business Failures**

What do you believe is the **PRIMARY** cause of the failure of the business/company? **Tick ONE only.**

1. Inability to recover costs	9. Lack of sufficient working capital
2. Adverse legal action or lack of funds to finance legal action	10. Excessive overheads including interest payments
3. Liabilities due to guarantees	11. Excessive drawings
4. Failure of another business organisation	12. Seasonal conditions including floods and drought
5. Ill health or absence of health insurance records	13. Failure to keep proper books of account and costing records
6. Domestic discord or relationship breakdowns including falling out of directors	14. Lack of business ability including under quoting of failure to assess potential of business
7. With draw of credit facilities	15. Failure to provide for taxation
8. Economic Conditions including external influences, competition, increases in costs and lack of sales	16. Inability to collect debts due to disputes, faulty work or bad debts
17. None of the above. Give details	


Which numbers in order describe **CONTRIBUTING** causes to these failures of the business/company? \_ \_ \_

**PART C – FINANCIAL CIRCUMSTANCES (Assets and Liabilities)**

This information will be used to assess the company's financial position.

27. List any bank accounts (including building society, overseas funds, credit union, etc)

Name of Account	Bank and Branch	Account Number	Account type (Cheque, savings etc)	Balance

28. Do any of the company's bank accounts contain monies held in trust for third parties and / or were deposited for a specific purpose?

Yes     No Give details \_\_\_\_\_

29. Does the company own any shares? (Including Government inflation bonds, bonus bonds, unit trust investments, company shares etc)

Name of Company	How many	Location of Certificate (if applicable) or FIN Number	Approximate Value

30. Does the company have any insurance policies?     Yes     No

Name of Policy Owner	Name of Insurance Company	Type of Policy	Date paid up to	Surrender Value

31. Does the company hold security over any property, eg mortgage, debenture or chattel security?

Yes     No if so please state



Type of Security	Name and address of Property's Owner
Value of security	

Description of property secured \_\_\_\_\_

**32. REAL ESTATE (Give details of any land or buildings that the company owns)**

**Property 1**

Address of property \_\_\_\_\_

Nature of interest (joint tenant, tenant in common, absolute ownership) \_\_\_\_\_

Name of Mortgagee or other Charge-holder \_\_\_\_\_

Approx market value \$ \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_ Approx Net Value \$ \_\_\_\_\_

Is this property insured?

Yes     No    Name of insurance company \_\_\_\_\_

Expiry date    /    /

If this property is on the market please supply details including asking price, name of agent and how long it has been for sale.

\_\_\_\_\_  
 \_\_\_\_\_

**Property 2**

Address of property \_\_\_\_\_

Nature of interest (joint tenant, tenant in common, absolute ownership) \_\_\_\_\_

Name of Mortgagee or other Charge-holder \_\_\_\_\_

Approx market value \$ \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_ Approx Net Value \$ \_\_\_\_\_

Is this property insured?

Yes     No    Name of insurance company \_\_\_\_\_

Expiry date    /    /

If this property is on the market please supply details including asking price, name of agent and how long it has been for sale.

\_\_\_\_\_  
 \_\_\_\_\_

**Property 3**

Address of property \_\_\_\_\_

Nature of interest (joint tenant, tenant in common, absolute ownership) \_\_\_\_\_

Name of Mortgagee or other Charge-holder \_\_\_\_\_

Approx market value \$ \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_ Approx Net Value \$ \_\_\_\_\_

Is this property insured?

Yes  No Name of insurance company \_\_\_\_\_

Expiry date / /

If this property is on the market please supply details including asking price, name of agent and how long it has been for sale.

**33. MOTOR VEHICLES**

**Vehicle 1**

Type of Vehicle eg car, boat:		Registration number:	
Make, Model, Year		Registered owner	
Present Location		Odometer reading	
Insurance company		Amount insured for	
Current WOF	/ /	WOF expires	/ /
Condition		Registration expires	
Estimated resale value	\$	Amount owed on HP or Secured	\$
Name of security holder			
Address of security holder			

**Vehicle 2**

Type of Vehicle eg car, boat:		Registration number:	
Make, Model, Year		Registered owner	
Present Location		Odometer reading	
Insurance company		Amount insured for	
Current WOF	/ /	WOF expires	/ /
Condition		Registration expires	
Estimated resale value	\$	Amount owed on HP or Secured	\$
Name of security holder			
Address of security holder			

**Vehicle 3**

Type of Vehicle eg car, boat:		Registration number:	
Make, Model, Year		Registered owner	

Present Location		Odometer reading	
Insurance company		Amount insured for	
Current WOF	/ /	WOF expires	/ /
Condition		Registration expires	
Estimated resale value	\$	Amount owed on HP or Secured	\$
Name of security holder			
Address of security holder			

**Vehicle 4**

Type of Vehicle eg car, boat:		Registration number:	
Make, Model, Year		Registered owner	
Present Location		Odometer reading	
Insurance company		Amount insured for	
Current WOF	/ /	WOF expires	/ /
Condition		Registration expires	
Estimated resale value	\$	Amount owed on HP or Secured	\$
Name of security holder			
Address of security holder			

Previously Owned Motor Vehicles (*Give particulars of any motor vehicles the company has sold over the last two years*)

**Vehicle 1**

Make, Model, Year		Registration number:	
Sale Price	\$	Date Sold	/ /
Name of Purchaser			
Address of Purchaser			
Contact Numbers	Phone:	Cell:	Fax:

**Vehicle 2**

Make, Model, Year		Registration number:	
Sale Price	\$	Date Sold	/ /
Name of Purchaser			
Address of Purchaser			
Contact Numbers	Phone:	Cell:	Fax:

**Vehicle 3**

Make, Model, Year		Registration number:	
Sale Price	\$	Date Sold	/ /

Name of Purchaser			
Address of Purchaser			
Contact Numbers	Phone:	Cell:	Fax:

**Vehicle 4**

Make, Model, Year		Registration number:	
Sale Price	\$	Date Sold	/ /
Name of Purchaser			
Address of Purchaser			
Contact Numbers	Phone:	Cell:	Fax:

**34. PLANT AND EQUIPMENT (Including implements, fixtures and fittings but excluding motor vehicle which should be described in question 33)**

Description of Item	Identifying numbers or characters	Type of Security (if any)	Security Holder	Value
				Estimated Value \$
				Amount Owed \$
				Net Value \$
				Estimated Value \$
				Amount Owed \$
				Net Value \$
				Estimated Value \$
				Amount Owed \$
				Net Value \$
				Estimated Value \$
				Amount Owed \$
				Net Value \$
				Estimated Value \$
				Amount Owed \$
				Net Value \$

**35. STOCK (Including livestock and crops)**

Description of Item	To who secured	Value
		Estimated Value \$
		Amount Owed \$
		Net Value \$
		Estimated Value \$
		Amount Owed \$
		Net Value \$
		Estimated Value \$
		Amount Owed \$
		Net Value \$

**36. BOOK DEBTS (Who owes the company money)**

Name	Physical & Postal Address	Goods/Services Provided	Date Provided	Amount Owed	Estimated \$ recoverable


**37. INCOMPLETE CONTRACTS**

Job Description incl. Contractors contact details	Term of Contract	Work to be completed	Est. Cost to complete	Amount still to realise	Amount Paid to date

**Goodwill**

If the business can be sold as a going concern, what value would you estimate the goodwill

To be - take into account the value of any lease key money paid, turnover figures etc \$ \_\_\_\_\_

**38. OTHER ASSETS**

Description of Item	Cost	Approximate Value

**39. ASSET DISPOSALS**

Has the company sold any assets including land and buildings since the last set of annual accounts? (*do not include motor vehicles*)

Yes     No Give details \_\_\_\_\_

Description of asset	Net amount received	What did the company do with the money?	Name and address of agent / solicitor / broker

**40. ARE ANY DOCUMENTS / ASSETS HELD IN SAFE CUSTODY?**

Yes     No Give details \_\_\_\_\_

**41. CURRENT ACCOUNTS**

Provide details of all director/shareholder or other current accounts with the company

Name	Address	Amount	"Owed to" or Owed by" company

**42. CREDITORS**

a. **Secured Creditors** – (do not include securities over real estate and motor vehicles already described)

Name and Address of secured creditor	Type of security	Approx market value of items secured	Amount	Net Value

Have any creditors taken action to enforce their security?

Yes     No Give details \_\_\_\_\_

**b. Preferential Creditors** – List Inland Revenue for GST, PAYE and also wages and holiday pay owing to employees

Name of Creditors	Address	GST / PAYEE / Holiday Pay / Wages	Period of claim	Amount owed

**c. CREDIT CARDS** (please give details relating to credit store or fuel cards where the company has liability for the debt)

Card Holder	Card Type eg BNZ, Warehouse, Mobil	Amount Owed

**d. UNSECURED CREDITORS** (use additional paper if necessary and attach to form)

Name of Creditor	Postal Address	Goods / Services Supplied	Amount Owed

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### What do you do now?

Read this Statement of Affairs again. Be sure that everything you have written down is correct to the best of your knowledge. If you have written other details down on separate paper pin them to this document. Read them again to make sure they are correct.

**DECLARATION THAT THE CONTENTS OF THIS DOCUMENT ARE TRUE AND CORRECT**

I, \_\_\_\_\_ in my capacity as \_\_\_\_\_

to / of the company state that the particulars contained in the document are true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return in envelope provided to Norris Management Services Ltd, PO Box 1575, Nelson**