**Application to the Official Receiver to Lay Claim to Asset(s) Belonging to a Company which has been Dissolved or Struck Off (“Defunct Company”)** *(Please use one sheet per Applicant.)*

Application Form

1. **Details of Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Contact No: |  |
| Identity Card / Passport\* No: |  | Email: |  |
| Address: |  |  |  |  |
|  |  |
| Relationship between you and the Defunct Company: Creditor / Shareholder / Others\* |
| If others, please specify: |  |
|  |  |
| (Applicable to Shareholder)Does the company have any known debt(s)?: Yes / No\* |
|  |
| If yes, please specify the creditors: |  |
|  |
| (Applicable to Creditor)Are you the only creditor?: Yes / No\* |  |
| If no, please specify the other creditors: |  |
|  |

|  |
| --- |
| If you are representing a Company for this application, please indicate the Company’s name: |
|  |

1. **Information on the Defunct Company**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | UEN No: |  |
| Status of the Company: | Dissolved / Struck Off\* |  |  |
| Dissolved / Struck Off Date:  |  |  |  |

**\* (*Delete where inapplicable*)**

**C. Details of Asset(s) to be Administered**

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Type of Asset | Location of Asset | Value of the Asset |
|  |  |  |  |
|  |  |  |  |

**Declaration by Applicant**

I confirm that the information which I have provided above are true and accurate to the best of my knowledge and understand that if I give false information to a public servant, I may be subject to the penalties under section 182 of the Penal Code (Cap. 224).

I also confirmed that the documents which I have furnished are genuine and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| Name and Signature of Applicant | Name and Signature of Witness |
| Date: | Identity Card / Passport No: |
|  | Date: |