

Requisition Form for Statement Of Accounts ("The Statement")

Date of Requisition: _____

To:

Insolvency & Public Trustee Office
 Corporate Insolvency Division
 By Post / Fax* : 6325-1418

From:

Name of Liquidator's Firm: _____
 Address of the Firm: _____
 Name & Tel No. of the person to contact: _____
 Our Ref (if any): _____

The Statement Of Accounts required is as follows

Name of Company in liquidation: _____
 Compulsory Winding Up No : CW / _____
 Registration No. of Company: _____
 Statement Period: _____ (DD/MM/YYYY) to _____ (DD/MM/YYYY)
 Despatch By Post / Fax* : _____ (* Please delete whichever is not preferred)

Undertaking:

To pay \$30/- per requisition for a statement of the accounts of the company in liquidation.

Authorised & submitted by:

Name of the liquidator: _____

Signature of the liquidator: _____

Note: - To facilitate our processing, please ensure this form is duly completed and signed.
 - To allow 7 working days from the date of receipt of this request for the Statement to be despatched to the Liquidator's office at the above address.

For Official Use:

Serial No: _____ / 20 __ __

Action By / Dated :
 (For action by the CID staff)

Fees charged By / Dated :
 (For action by the Finance staff)