

**PKF Corporate Recovery & Insolvency (Auckland) Limited
RECEIVERSHIP CREDITOR CLAIM FORM**

_____ (IN RECEIVERSHIP)

NAME AND POSTAL ADDRESS OF CREDITOR IN FULL:

COMPANY NAME⁽¹⁾ _____

ADDRESS _____

PHONE _____

E-MAIL _____

Bank Account Information :

Account Name:

Account No: / / /

Bank

Branch

Account Number

Suffix

DETAILS OF CLAIM⁽²⁾

DETAILS OF SECURITY (IF ANY)⁽³⁾

TOTAL CLAIM⁽⁴⁾ \$ _____

SIGNED _____

NAME _____

TITLE _____

DATE _____

Instructions:

1. Enter your company name, address, phone number, fax number and e-mail address;
2. Enter the details of your claim and attach supporting documentation (e.g. invoices, delivery dockets);
3. Enter details of any security agreements you have with the Company (e.g. Retention of Title) and attach supporting documentation (e.g. signed trade agreement, terms of trade, registered PPSR Financing Statement); and
4. Complete relevant details and sign the form and return it to:
PKF Corporate Recovery & Insolvency (Auckland) Limited
PO Box 3678, Auckland 1140
Email: admin@pkfcr.co.nz