PKF Corporate Recovery & Insolvency (Auckland) Limited

Complete and return this form to: Email: admin@pkfcr.co.nz / Post: PO Box 3678, Auckland 1140

CREDITORS CLAIM FORM
(Also for use by Preferential and Secured Creditors)
Section 304(1) & 305(2) of the Companies Act 1993

Name of Creditor: _____

Postal Address: _____

Contact: _____   **Phone Number:** _____

Reference: _____   **GST Number:** _____

Email: _____

Bank Account Information:

Account Name: _____

Account No: _____ / _____ / _____ / _____

Bank	Branch	Account Number	Suffix
(2 Digits)	(4 Digits)	(7 Digits)	(2 Digits)

Any personal information collected is for the purpose of administering the receivership in accordance with the Receiverships Act 1993. Should the company be put into liquidation, then this form and any accompanying information may be provided to the liquidators for the purpose of administering the liquidation in accordance with the Companies Act 1993. The information will be used and retained by PKF Corporate Recovery & Insolvency (Auckland) Ltd and will be released to other parties only with your authorisation or in compliance with the Privacy Act 1993*. Under section 304(1) of the Companies Act 1993 any claim by an unsecured creditor against a company in liquidation must be in this prescribed form and must - (a) Contain full particulars of the claim; and (b) Identify any documents that evidence or substantiate the claim. You may have access to and request correction of any personal information. *Not applicable, if creditor is not an individual within the meaning of the Privacy Act 1993.*

NAME OF COMPANY IN RECEIVERSHIP:

I, *(Name)*……..
(*If claim is made on behalf of creditor, specify relationship to creditor and authority*) claim that the company was at the date it was put into receivership, indebted to the above named creditor for the sum of: *(Amount in words and figures)*:

………

……………………………………………………………………………………………….. $…………………………………………..

STATUS OF CLAIM: **TICK**

1. I am an unsecured creditor. *(Refer details on reverse)*
2. I am surrendering the security I hold and I am claiming as an unsecured creditor.
3. I am making a preferential claim. *(Refer details on reverse)*
4. I am claiming as a secured creditor. (Refer details on reverse)
5. I am claiming reservation of title rights pursuant to rights held by me. *(Refer details on reverse)*

Full particulars of the claim and any supporting documents that substantiate the claim, are identified on the reverse of this form.

WARNING	It is an offence under section 304(6) of the Companies Act 1993 to make, or authorise the making of, a claim that is false or misleading in a material particular knowing it to be false or misleading; or omit, or authorise the omission, from a claim of any matter knowing that the omission makes the claim false or misleading in a material particular.

SIGNED: **Date:**

RESERVED FOR OFFICE USE:

Claim admitted/rejected for voting purposes: $_____

Received:_____

Claim rejected for payment: $_____

Note: *If the decision to admit or reject a claim is amended, regulation 8 of the Companies Act 1993 Liquidation Regulations 1994 requires that it be recorded in writing.*

Entered By: _____

CLAIM ADMITTED FOR PAYMENT:

1) $..............cents in the dollar ☐   OR   2) 100% distribution ☐ Paid by DC / CHQ_____

Preferential Claim for:	Unsecured Claim for:	Amount distributed to creditor:
$	$	$

Signed by Liquidator:	Dated:

File Note:_____

PARTICULARS OF CLAIM

If the creditor owes money to the company, please give full details.

UNSECURED CREDITOR

Date of Supply	Description of Goods or Services Supplied	Invoice number & Amount $

SECURED CREDITOR: IF SECURITY IS HELD, PLEASE PROVIDE DETAILS HERE:
(Other than retention of title claims)

Type of security:	Property Secured:	Estimated value of property secured:

RETENTION OF TITLE CLAIMANTS ONLY

Please provide details of the basis of your retention of title claim and furnish a copy of the documentation showing that such a reservation of title clause is a condition of contract.

PREFERENTIAL CLAIMANTS ONLY (if you are an employee, please contact us to receive an Employee Claim Form).

1. Are you claiming the full amount of your claim as preferential?   Yes   No

2. If no, what part of the claim is preferential? $_____

3. Why do you believe you are a preferential creditor? (e.g. Court Awarded Costs, GST etc)

4. Details of your claim: