

Whether employed or unemployed, you must complete the following Forms 1 and 2 and bring along with you the completed forms and relevant certification documents to the Official Receiver's Office or its Appointed Firm's Office on the day of interview.

To : The Official Receiver

Bankruptcy Ref. No. of the bankrupt : B10/ /

Bankruptcy Ref. No. of your spouse, if also a bankrupt : B10/ /

**Form 1** Monthly Income and Expenditure Needs of myself and my family are as follows:

Monthly Income (\$)		Monthly Expenditure Needs (\$)	
Items of Income	Income of the Bankrupt	Items of Expenditure	Expenditure of the Bankrupt
Basic Salary and Wages		Rent	
		Rates	
Commission		Management fee	
		Water charges	
Allowances		Electricity charges	
		Gas / LPG charges	
Earnings from self-employment		Domestic telephone charges	
		Mobile phone charges	
Pensions/Payments from Retirement Scheme or Provident Fund		Family meals	
		Travelling expenses	
Comprehensive Social Security Assistance		Family miscellaneous expenditure	
		School fee	
Maintenance for Separation / Divorce		School miscellaneous items (text books, school uniforms, etc.)	
		Mandatory Provident Fund	
Amount of family expenditure borne by Spouse [Spouse's income (\$ monthly)]		Provident Fund	
		Reserved sum for tax payment	
Other income / Amounts paid by other parties, please specify :		Other expenses, please specify :	
<b>Total</b>		<b>Total</b>	

Starting from (date) \_\_\_\_\_, I am willing to make financial contributions of \$ \_\_\_\_\_ per month.

Signature of the Bankrupt : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

### Notes

1. The actual amounts of income and expenditure needs converted into average monthly figures shall be reported.
2. Expenditure needs are limited to only the bankrupt and his/her family's **basic needs**. **If the bankrupt's spouse has any income, he/she shall share the family's expenditure needs.**
3. **If the bankrupt fails to produce the above information, or conceals information, or provides false information, or transfers his/her assets fraudulently, his/her discharge from bankruptcy will be affected and he/she is liable to criminal prosecution.**

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**Form 2** Certification of Income and Expenditure Needs

Copies of certification of the monthly income and expenditure needs of myself and my family are attached herewith:

- ☐ Certification of income (Post title : \_\_\_\_\_ )
- ☐ Certification of other income
- ☐ Demand Note / Receipt for rent
- ☐ Demand Note / Receipt for rates
- ☐ Demand Note / Receipt for management fee
- ☐ Demand Note / Receipt for water charges
- ☐ Demand Note / Receipt for electricity charges
- ☐ Demand Note / Receipt for gas/LPG charges
- ☐ Demand Note / Receipt for domestic telephone charges
- ☐ Demand Note / Receipt for mobile phone charges
- ☐ Demand Note / Receipt for school fee
- ☐ Demand Note / Receipt for school miscellaneous items
- ☐ Certification for Mandatory Provident Fund
- ☐ Certification for Provident Fund
- ☐ Tax returns
- ☐ Certification for medical treatment / doctor's certification
- ☐ Separation / Divorce Agreement / Court Order
- ☐ Demand Note/ Receipt of other payment, please specify : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Dependents :

Name	Relationship	Age	Present Situation
			<input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student
			<input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student
			<input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student
			<input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student
			<input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student
			<input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student