



DEBTOR APPLICATION PACK

Bankruptcy (Scotland) Act 1985 (as amended)

April 2015



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अनुरोध करने पर यह प्रकाशन सामुदायिक भाषा संस्करणों एवं वैकल्पिक स्वरूपों में उपलब्ध है। ऐसी व्यवस्था करने के लिए कृपया **0300 200 2600** पर संपर्क करें।

یہ اشاعت درخواست کرنے پر معاشرتی زبان کے نسخوں اور متبادل شکلوں میں دستیاب ہے۔ برائے مہربانی اس کے انتظام کے لئے **0300 200 2600** پر رابطہ کریں۔

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Tha am foillseachadh seo ri fhaotainn air iarrtas ann an cànanan coimhearsnachd agus ann an cruthan eile.
Cuiribh fios gu **0300 200 2600** airson seo a chur air dòigh.

Aby otrzymać niniejszy dokument w innej wersji językowej, na kasecie lub w wersji z powiększonym drukiem, prosimy o kontakt: **0300 200 2600**

Filling in the Application Form

This form should be completed in **BLACK INK** and **CAPITAL LETTERS** throughout.

ALL QUESTIONS MUST BE COMPLETED IN FULL by ticking the relevant boxes and filling out all other information as required. Guidance notes, designed to help you complete the form correctly, have been provided throughout the application pack.

You may be asked to supply some additional documents to support your application. These documents will be returned to you in due course.

If you fail to complete all relevant sections of the application or fail to supply any of the documents required then your application may be rejected and you will lose your fee.

Who can complete this Application Pack

You should only complete this application pack if you are applying for your own bankruptcy or if you are the recognised executor of a deceased individual's estate or if you have Power of Attorney for a person where the court documentation clearly states your authorisation to apply for bankruptcy.

If you are applying for bankruptcy on behalf of a partnership, body corporate, an unincorporated body or trust please use the Entity Debtor Application pack.

The Application Fee

There is a non-refundable application fee of £200 or £90 (if eligible for a Minimal Asset Process (MAP) bankruptcy).

Further information on payment options is available in part 2 of this application.

There are no exemptions or waivers for this fee. Your application may be refused if you do not pay the relevant fee. Further information regarding the eligibility for MAP cases can be found in section 3 of this form.

The Consequences of Bankruptcy

The Accountant In Bankruptcy cannot offer advice on what action you should take regarding your finances.

You can get help, advice and information on how to deal with debt, including the Debt Arrangement Scheme, Trust Deeds or whether you should apply for bankruptcy from Citizens Advice Bureaux, Money Advice Scotland and other advice agencies.

StepChange – 0800 138 1111 – www.stepchange.org

Citizens Advice Scotland – 0131 550 1000 – www.cas.org.uk

Money Advice Scotland – 0141 572 0237 – www.moneyadvicescotland.org.uk

PLEASE NOTE: Being made bankrupt will adversely affect your credit rating. It may affect your employment prospects and your future ability to obtain credit. Some companies, including utility companies and banks, may have concerns about the way they provide their services to you, for example, **some banks may freeze your funds or not allow you to keep an existing account.**

Submitting your application

Your Money Adviser should complete an on-line application on your behalf which will result in instant submission. Alternatively you can submit a paper copy although this may delay the application process.

If you choose to complete the application in writing you can hand deliver or post your application form, together with all supporting documentation and proof of payment, to the following address:

Insolvency Registrations Team
Accountant in Bankruptcy
1 Pennyburn Road
Kilwinning
Ayrshire
KA13 6SA

Our hours of business are 9.00am to 4.30pm Monday to Friday. The office is not open to the public on Saturdays or Sundays and is closed for certain public holidays. Information regarding opening times can be found on our website www.aib.gov.uk

Responding to your application

We will normally respond to your application within 5 working days of receipt. If you have not heard from us within this time please contact our Insolvency Registrations Team on 0300 200 2850.

PLEASE NOTE: We will only be able to process applications which are completed in their entirety and submitted with all relevant additional documentation.

APPLICATIONS MAY BE REFUSED WITHOUT FULL PAYMENT.

DATA PROTECTION STATEMENT

We are committed to protecting your privacy in line with the Data Protection Act 1998.

Any personal information provided to us will be used to discharge our statutory functions under the Bankruptcy (Scotland) Act 1985 (as amended) and other relevant legislation.

We (or an agent acting on our behalf) may also contact you to discuss your experience of using our service as part of our ongoing commitment to customer service. Sensitive personal information will not be disclosed to a third party except in special circumstances as provided by legislation. With this in mind, we are unable to discuss your application with a third party unless you provide us with a signed mandate authorising us to do so.

A full copy of our Data Protection Policy is available on request.

WARNING

You may be committing a criminal offence if you deliberately do not disclose all relevant information or if you deliberately make a false statement when completing this application form.



BANKRUPTCY APPLICATION PACK

PART 1

Bankruptcy Application Form Completion Guidance

WARNING

You may be committing a criminal offence if you deliberately do not disclose all relevant information or if you deliberately make a false statement when completing this application pack.

You should complete this application pack using **BLACK INK** and **CAPITAL LETTERS** throughout.

The information on this page will help you complete the page opposite.

Section 1

Please tell us if you are the debtor applying for your own bankruptcy, or if you are the recognised executor of a deceased debtor's estate; are the legal guardian of the debtor with the authority to apply; or if you have Power of Attorney for the debtor and your court document specifically gives you authorisation to apply; by ticking the relevant box. The legal documentation to verify your authority to act must be provided when submitting this application.

If you are applying for your own bankruptcy, a money adviser should complete part 1 of this application on your behalf.

Section 2

This section has to be completed by an executor, legal guardian or Power of Attorney only. **Once section 2 has been completed the remainder of the application form should be completed with the debtor's details only.**

Please give the title you are known by (Mr, Mrs, Miss, Ms or other title). If you have any middle name(s) please enter this after your first name.

Please give your full date of birth including year. Use 2 digits for the day and month, and 4 digits for the year you were born, for example 01/02/1985.

Enter your current address in full. **Please note:** There are separate lines for the town and post code.

Enter your contact details. If supplying a home telephone number please provide the area code also.

Enter your e-mail address. This will allow us to contact you quickly if needed.

Please confirm your relationship to the debtor, for example son, daughter etc. and on which grounds you are applying for them (i.e. Power of Attorney, Legal Guardian).

Form 14
Debtor Application

Bankruptcy (Scotland) Act 1985 (as amended)
Section 5(2)(a) and 3(a)

Section 1 – Who are you?

I am the debtor applying for my own bankruptcy
(Go straight to section 3)

I am the recognised executor of a deceased debtor's estate or,
I have Power of Attorney with the authority to apply for bankruptcy or,
I am the legal guardian of the debtor with authority to apply
(Please complete your own details below in section 2)

Section 2 – Executor/Legal Guardian/Power of Attorney's Details

2.1	Title (Mr/Mrs/Miss/Ms or other title)	<input type="text"/>
	Surname	<input type="text"/>
	First and middle names	<input type="text"/>
2.2	Date of Birth	<input type="text"/>
2.3	Home address (house name/number & street)	<input type="text"/>
	Town	<input type="text"/>
	County	<input type="text"/>
	Postcode	<input type="text"/>
	Contact telephone number	<input type="text"/>
	Mobile telephone number	<input type="text"/>
	E-mail address	<input type="text"/>
	Relationship to the deceased person/debtor	<input type="text"/>

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 3

You may be eligible to apply for bankruptcy under section 5(2ZA) of the Bankruptcy (Scotland) Act 1985 (as amended) (“the Act”). This section of the Act is referred to in the remainder of this pack as the Minimal Asset Process (MAP).

Please tick all boxes that apply to you under the section “Minimal Asset Process” (MAP). If you are able to tick ALL boxes in this section you would be considered eligible for MAP and you should move straight to section 4 without completing the section for “Full Administration”. The term “Full Administration” is used to describe a case that does not meet the MAP criteria and will require a more in-depth level of investigation and administration. This may also require the realisation of assets such as a property or motor vehicle etc.

PLEASE NOTE: When ticking points **(b)** and **(c)** of the Minimal Asset Process (MAP) criteria you are declaring that you have no single asset worth more than £1,000 or non-essential assets with a total value of more than £2,000. This does not include a motor vehicle, if reasonably required, with a value of up to £3,000 or an asset which does not vest with the trustee.

When ticking point **(d)** of the Minimal Asset Process (MAP) criteria you are confirming that you do not, solely or jointly, own any property or land.

When ticking point **(h)** you are confirming that you have been assessed by the Common Financial Tool as not being required to pay a contribution towards your bankruptcy or that you have been solely in receipt of benefits for a continuous period of 6 months to date.

If you are eligible for MAP, discharge will be granted on the date which is 6 months after the date bankruptcy was awarded. For a further 6-month period, ending on the date which is 12 months from the date bankruptcy was awarded, you must inform any persons of your bankruptcy if they are providing you (solely or jointly) with credit.

Section 3 – Qualifying criteria

Minimal Asset Process

You may be eligible to apply for bankruptcy under MAP. However there are certain criteria that you must meet before being considered eligible.

3.1 I confirm that:

- a I have debts (including interest) totalling £1,500 or more but not exceeding £17,000.
- b The total value of my non-essential assets is not more than £2,000.
- c I do not own a single non-essential asset with an individual value of more than £1,000.
- d I do not jointly or solely own any property.
- e I have not been made bankrupt in Scotland in the last 5 years.
- f I have not been made bankrupt under MAP in the last 10 years.
- g I am not currently subject to a Protected Trust Deed.
- h I have been assessed by the Common Financial Tool as requiring to make no debtor's contribution or I have been in receipt of a prescribed payment for a period of at least 6 months ending with the day on which this application is made.
- i I have a certificate for sequestration dated no more than 30 days before the date this application is signed and dated by me.

ONLY if you meet **ALL** the criteria above can you apply for MAP bankruptcy with an application fee of £90. If you do not meet all the criteria above please refer to the criteria overleaf for Full Administration bankruptcy.

PLEASE NOTE: If you apply for MAP bankruptcy and are then found not to be eligible, your application will NOT be considered until a further £110 is paid at which point your case will be considered for Full Administration bankruptcy.

If you meet the above criteria for MAP bankruptcy then please go direct to section 4.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 3 (continued)

Only if you are not able to confirm ALL the criteria under “Minimal Asset Process” should you complete the section for “Full Administration”.

You must confirm ALL statements under section 3.2 to be able to continue with the application process.

If you confirm that you have a certificate for sequestration which is available on pages 71 and 72 of this pack, then you must ensure that it was completed no later than 30 days from you completing this application.

Section 3 (continued) – Qualifying criteria

Full Administration Bankruptcy (only to be completed if not eligible for MAP)

3.2 I confirm that:

- a I have debts (including interest) of £3,000 or more.
- b I have not been made bankrupt in Scotland in the past 5 years.
- c I am not currently subject to a Protected Trust Deed.

3.3 Do you have a certificate for sequestration signed by an authorised person?

YES NO

If “YES” is the certificate dated no more than 30 days before the date you complete, sign and date this application?

YES NO

3.4 Have you ever taken part in a debt payment programme (DPP) under the Debt Arrangement Scheme (DAS)?

YES NO

If “YES” has the DPP been revoked?

YES NO

Has any creditor taken further action against you regarding any debts in your DPP?

YES NO

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 3 (continued)

Please confirm if any of the questions apply to you.

You must have answered “YES” to one of the 5 questions in sections 3.3 to 3.7 confirming you either have a certificate for sequestration; taken part in a DAS DPP; signed a trust deed; a charge for payment; or a statutory demand in order to be able to continue with your application.

Section 3 (continued) – Qualifying criteria

- 3.5 Have you ever signed a trust deed? YES NO
If “YES” did your trust deed fail to become protected? YES NO

If you have ticked “YES” the letter from your trustee must be enclosed with your application.

- 3.6 Have you been served with a Charge for Payment YES NO
If “YES” is the debt still unpaid? YES NO
If “YES” is the date on which the Charge for Payment was served on you at least 15/29* (delete as appropriate) days prior to you completing, signing and dating this application? YES NO

If you have ticked “YES” the Charge for Payment must be enclosed with your application.

- 3.7 Have you been served with a Statutory Demand? YES NO
If “YES” is the debt still unpaid? YES NO
If “YES” is the date on which the Statutory Demand was served on you at least 22 days prior to you completing, signing and dating this application? YES NO

If you have ticked “YES” the Statutory Demand must be enclosed with your application.

IMPORTANT

If you do not include the relevant document with your application we may not be able to process your application. It may be rejected and the fee paid will not be refunded.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 4

State if you are currently bankrupt in any other country outside Scotland by ticking either the “YES” or “NO” box relating to that question. If you have selected “YES” then you must give further details of the country in which you are bankrupt and the date the bankruptcy was awarded.

State if you have previously been made bankrupt in any other country outside Scotland by ticking either the “YES” or “NO” box relating to that question. If you have selected “YES” then please confirm in which country you were made bankrupt and the date the bankruptcy was awarded.

Please also confirm your name at the time the bankruptcy was awarded, if different from your current name.

State if you have lived outside Scotland in the past 5 years by putting a tick in the “YES” or “NO” box relating to that question. If you select “YES” please also confirm which country you lived in and the dates you lived there.

Section 4 – Current and previous bankruptcy status

- 4.1 Are you **CURRENTLY** bankrupt (or the equivalent) in any country outside Scotland? YES NO

If you have answered “YES” please confirm the name of the country and date you were made bankrupt.

Country _____

Date _____

- 4.2 Have you **PREVIOUSLY** been made bankrupt (or the equivalent) in any country outside Scotland? YES NO

If you have answered “YES” please confirm the name of the country and date you were made bankrupt.

Country _____

Date _____

Name (if different from current) _____

- 4.3 Have you lived outside Scotland at any time during the last 5 years? YES NO

If you have answered “YES” please confirm the name of the country and date(s) you lived there.

Country _____

Date _____

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 5

Enter the title you are known by (Mr, Mrs, Miss, Ms or other title), your surname (last name) and your first name. If you have any middle names enter these after your first name.

If you are, or have been, known by any other name(s), please provide details.

If you have had any other surname/second name (either before or after marriage) please provide details.

Enter your date of birth in the order – day, month, year. Use 2 digits for the day and the month followed by 4 digits for the year for example 01/02/1985.

Enter your current address in full. Please note there are separate boxes provided for town and postcode. Please provide the type of property you live in (detached, semi-detached, flat, bungalow etc.).

Confirm how long you have lived at your current address.

Enter your telephone number including area code. This is very important as we may need to contact you regarding your application form.

Enter your mobile number, if you have one.

Enter your e-mail address, if you have one, This will help us to get in touch with you quickly if we need to.

Please select 1 of the 3 options in section 5.4 to indicate which route into bankruptcy applies to you. Please note you will be required to submit a Certificate for Sequestration if you choose MAP or Certificate for Sequestration.

Your money adviser should be able to explain the Certificate for Sequestration process to you and complete the Certificate for Sequestration.

Section 5 – Debtor’s details

5.1 Title
(Mr/Mrs/Miss/Ms or other title)

Surname

First and middle names

Any other names you are known as

Surname/maiden name before marriage (if applicable)

5.2 Date of Birth

5.3 Home address
(house name/number & street)

Town

County

Postcode

Type of property

How long have you lived at this address? years months

Contact telephone number

Mobile telephone number

E-mail address

5.4 Application made under:

1. Apparent Insolvency

2. MAP

3. Certificate for Sequestration

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 6

Indicate using the “YES” or “NO” tick boxes to confirm if you are or ever have been the owner or director of a company/business.

If you have selected “YES” then you must provide further details.

Enter the name of the company you are/were the owner/director of.

If the business was registered at Companies House, please provide the company number as registered.

Enter the full address of the company. Please note that there are separate lines provided for town and postcode.

Enter the role you had within the company/business.

Enter the dates the business was trading from and to. If the company is still trading please confirm this.

There is a text box provided for any additional relevant trading details you may wish to advise us of.

Section 6 – Employment details

6.1 Are you or have you ever been the owner or director of a company/business?

YES NO

If you have answered “YES” above then please complete the trading details below.

Name of company/business

Company number (as registered at companies house)

Address

Town

Postcode

Role in the company/business

Dates trading (from and to)

Please provide any further relevant trading information in the box below.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 6 (continued)

Please confirm your employment status using the tick boxes provided. If you have selected "YES" to the first question indicating that you are currently employed then please provide details of your employment. Please complete this section if you are self-employed.

Enter the name of the employer or company you are currently employed with. If you are self-employed please enter your own name, e.g. "John Smith" trading as.

Enter the address of your employment. Please note there are separate lines available for town and postcode. If you are self-employed please enter your trading address details.

Enter the length of time in employment. If you are self-employed please enter the length of time you have been trading.

Enter the position you hold within the company. If you are self-employed please enter the nature of your business.

Enter the frequency in which you get paid, for example, weekly, monthly, fortnightly.

Enter the amount you get paid. Please provide your gross pay which is your pay before any deductions including tax and National Insurance.

If you have an earnings/wages arrestment being deducted from your salary by any of your creditors, please indicate this by ticking the relevant box. Please also provide details of the arrestment. If you are made bankrupt, your trustee will issue documents to have the arrestment stopped.

Section 6 (continued) – Employment details

6.2 Are you currently employed? YES NO

If "YES" please complete the details below.

Name of employer

Employer's address

Town

Postcode

Length of time in employment

Position held

Pay period
(weekly/monthly/other)

Gross pay

6.3 Do you have an earnings/wages arrestment being deducted from your monthly salary? YES NO

If "YES" please complete the information below

Name of creditor imposing earnings arrestment _____

Amount deducted _____

NOTE: You may be asked to supply your recent pay slips to your trustee to verify your income.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 6 (continued)

This page is designed for you to give details of any further employment not mentioned previously. If you are employed by more than one company at the same time then complete details of your other employment here.

Enter the name of the employer or company you are currently employed with.

Enter the address of your employment. Please note there are separate lines available for town and postcode.

Enter the length of time in employment.

Enter the position you hold within the company.

Enter the frequency to which you get paid, for example, weekly, monthly, fortnightly etc.

Enter the amount you get paid. Please provide your gross pay which is your pay before any deductions including tax and National Insurance.

If you have an earnings/wages arrestment being deducted from your salary by any of your creditors, please indicate this by ticking the relevant box. Please also provide details of the arrestment. If you are made bankrupt, your trustee will issue documents to have the arrestment stopped.

Section 6 (continued) – Employment details

6.4	Name of employer	<input type="text"/>
	Employer's address	<input type="text"/>
	Town	<input type="text"/>
	Postcode	<input type="text"/>
	Length of time in employment	<input type="text"/>
	Position held	<input type="text"/>
	Pay period (weekly/monthly/other)	<input type="text"/>
	Gross pay	<input type="text"/>

6.5 Do you have an earnings/wages arrestment being deducted from your monthly salary? YES NO

If "YES" please complete the information below

Name of creditor imposing earnings arrestment _____

Amount deducted _____

NOTE: You may be asked to supply your recent pay slips to your trustee to verify your income.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 6 (continued)

This page is designed for you to give details of any further employment not mentioned previously. If you are employed by more than one company at the same time then complete details of your other employment here.

Enter the name of the employer or company you are currently employed with.

Enter the address of your employment. Please note there are separate lines available for town and postcode.

Enter the length of time in employment.

Enter the position you hold within the company.

Enter the frequency to which you get paid, for example, weekly, monthly, fortnightly etc.

Enter the amount you get paid. Please provide your gross pay which is your pay before any deductions including tax and National Insurance.

If you have an earnings/wages arrestment being deducted from your salary by any of your creditors, please indicate this by ticking the relevant box. Please also provide details of the arrestment. If you are made bankrupt, your trustee will issue documents to have the arrestment stopped.

Section 6 (continued) – Employment details

6.6	Name of employer	<input type="text"/>
	Employer's address	<input type="text"/>
	Town	<input type="text"/>
	Postcode	<input type="text"/>
	Length of time in employment	<input type="text"/>
	Position held	<input type="text"/>
	Pay period (weekly/monthly/other)	<input type="text"/>
	Gross pay	<input type="text"/>

6.7 Do you have an earnings/wages arrestment being deducted from your monthly salary? YES NO

If "YES" please complete the information below

Name of creditor imposing earnings arrestment _____

Amount deducted _____

NOTE: You may be asked to supply your recent pay slips to your trustee to verify your income.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 7

Enter the total number of people living in your household (including any dependent children).

Enter the number of dependent children living in your household.

Enter the amount you and, if applicable, your partner get paid, from wages alone, (if you are employed by more than one company please give your collective wage from all employments).

Enter the total amount received from pension payments.

Enter any other income and provide the frequency for each payment (weekly, monthly, fortnightly etc.).

Use the empty boxes to state any other income not specifically stated. Please note there is a further section overleaf which covers any benefits and these should not be stated at this stage.

Evidence must be provided with this application to support the information provided in section 7.3 “Debtor’s salary/wages”. This should include: wage slips (last 3 months); bank statements (last 3 months).

Section 7 – Income

7.1 Total number of people in household

7.2 Number of dependent children in household

7.3 Salary and wages

Income	Amount (£)	Frequency
Debtor's salary/wages		
Partner's salary/wages		
Total		

7.4 Pensions

Pension(s)	Amount (£)	Frequency
State Pension(s)		
Private or work pension(s)		
Pension Credit		
Total		

7.5 Other income

Frequency	Amount (£)	Frequency
Maintenance or Child Support		
Boarders or lodgers		
Non-dependant contribution		
Student loans or grants		
(To be completed with any other household income)		
(To be completed with any other household income)		
Total		

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 7 (continued)

Enter any benefits received and give details of how frequently these payments are received (weekly, monthly, fortnightly, etc.).

Use the empty boxes to list any other benefits you receive which have not been specifically mentioned and how frequently these payments are received.

Use the text box provided to give any further relevant information regarding the benefits listed under “other”.

Section 7 (continued) – Income

7.6 Benefits

Type of benefit	Amount (£)	Frequency
Jobseeker's Allowance		
Income Support		
Working Tax Credits		
Child Tax Credits		
Employment and Support Allowance		
DLA, PIP or Attendance Allowance		
Carer's Allowance		
Housing Benefit/Local Housing Allowance		
Council Tax Reduction		
Universal Credit		
(Other)		
(Other)		
(Other)		
Total		

Please use the space provided below to give details of any benefit listed under "other"

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 8

Enter the amount you spend on all household expenses stated on the table provided. Please provide details of the frequency you pay these expenses (weekly, monthly, fortnightly etc).

Evidence must be provided with this application to support the information provided in section 8.1. This should be evidenced by original documentation from the appropriate authority or company or by examination of payments made from your bank account.

Section 8 – Expenditure

8.1

Essential expenditure	Amount	Frequency
Rent		
Ground rent, service charges, factor fees		
Mortgages		
Other Secured Loans		
Building and contents insurance		
Pension and life insurance		
Council Tax		
Gas		
Electricity		
TV Licence		
Magistrates or sheriff court fines		
Maintenance or Child Support		
Hire Purchase/conditional sales		
Childcare costs		
Adult care costs		
Total		

8.2

Phone	Amount	Frequency
Home phone		
Mobile phone(s)		
Total		

8.3

Phone	Amount	Frequency
Public transport (work, school, shopping, etc)		
Car insurance		
Vehicle tax		
Fuel (petrol, diesel, oil, etc)		
MOT and car maintenance		
Breakdown and recovery		
Parking charges or tolls		
Total		

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 8 (continued)

Continue to complete the table provided with any household expenses providing the amount you spend on each item and how often you have these expenses (weekly, monthly, fortnightly etc.).

You should provide a monthly summary of the total income and expenditure of the household.

Enter the total monthly income in the box provided.

Enter the total monthly expenditure in the box provided.

Enter the surplus income in the box provided (total income minus total expenditure).

Enter the contribution amount in the box provided (surplus income minus any contingency allowance).

As well as a monthly contribution payment you have the option to pay weekly, fortnightly and 4 weekly. Please indicate the frequency of your contribution payments in the space provided.

Please indicate if a third party will be paying you contribution or part of it on your behalf by ticking the relevant box.

Section 8 (continued) – Expenditure

8.4

Housekeeping	Amount	Frequency
Food and milk		
Cleaning and toiletries		
Newspapers and magazines		
Cigarettes, tobacco and sweets		
Alcohol		
Laundry and dry cleaning		
Clothing and footwear		
Nappies and baby items		
Pet food		
Total		

8.5

Other expenditure	Amount	Frequency
Health (dentist, glasses, prescriptions, health insurance)		
Repairs/house maintenance (including window cleaning, maintenance contracts)		
Hairdressing/haircuts		
Cable, satellite and internet		
TV, video and other appliance rental		
School meals and meals at work		
Pocket money and school trips		
Lottery and pools etc.		
Hobbies/leisure/sport (include pub outings, etc.)		
Gifts (Christmas, birthday, charity etc.)		
Vet bills and pet insurance		
Total		

8.6

All other expenses not covered above	Amount	Frequency
Total		

Total Income Surplus Income

Total Expenditure Assessed Contribution

Proposed first payment date (dd/mm/yyyy) ___ / ___ / _____

Proposed frequency of subsequent payments _____

8.7 Do you wish a third person to pay your contribution or part of it (see section 32A(6) of the Bankruptcy (Scotland) Act 1985 (as amended))? YES NO

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 9

Using the tick boxes provided, please confirm if you are currently renting the property you live in.

If you have ticked “YES” then please complete the section below with your rental details.

Enter the name of your landlord.

Enter your landlord’s address. Please note there are separate boxes provided for town and post code.

Enter your name (as it appears on the tenancy agreement) and name anyone else if it is a joint tenancy.

Enter the date you signed the tenancy agreement.

If you do not appear on a mortgage or rental agreement, for example, you currently live with your parents, you must complete the “living arrangements” box giving details of your current circumstances.

Section 9 – Living arrangements

9.1 Do you rent the property you currently live in? YES NO

If you have answered “YES” above please complete the landlord and rental sections below then go straight to section 11.

If you have answered “NO” above please give details of your living arrangements, such as living with parents, in the “Living arrangements details” text box or go straight to section 10 if you own your property.

Landlord/property owner’s details

Name

Address

Town

Postcode

Rental/tenancy agreement details

Name(s) on tenancy/rental agreement

Tenant 1

Tenant 2

Date tenancy/rental agreement was signed

Living arrangements details

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 10

Using the tick boxes provided, confirm if you own the property you currently live in.

If you have selected “YES” then complete the sections that follow.

Enter the total current estimated value (if known) of the house/flat.

Enter the amount of mortgage outstanding.

Enter the amount of any additional secured loan outstanding against the property.

Indicate if the property is jointly owned by stating “YES” or “NO” in the appropriate box.

If the property is jointly owned then please provide the name and, if different, the address of the joint owner(s).

Enter the name of the mortgage lender and give the account number, date mortgage was taken out and total amount borrowed.

Enter the name of the lender of any secured loans you have against the property. Give details of account number, when the loan was taken out and the total amount borrowed.

Section 10 – Your home

10.1 Do you own the property you currently live in?

YES NO

If you have answered “YES” above, please complete the section below

If you have answered “NO” go straight to section 11

House/Flat

Total estimated value (if known)	Mortgage outstanding	Additional secured loan outstanding	Jointly owned (Yes/No)
£	£	£	

If the property listed above is jointly owned then please provide the name, and, if different, the address of the joint owner(s) in the box below.

Mortgage/Secured loan information

Name and address of lender	Mortgage account number/lender ref. number	Date loan was obtained	Total amount originally borrowed
Mortgage			
Secured loan			

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 11

Using the tick boxes provided, please indicate if you currently own or have owned any property or land within the past 5 years. Please provide details of all property and land which is registered in your name with the exception of your current place of residence.

If you have selected “YES” you are then required to give further information regarding the property or land.

Give the address of the property or land.

State the type of property or land that you owned.

Enter the current value of the property. If the property has been sold then please give the selling price.

Enter the date on which the property or land was sold (if applicable).

There is space to give details of 3 different properties or land owned; however, you should continue to give details on a separate sheet of paper if necessary.

Section 11 – Other property

11.1 Do you currently own property, or have you owned property, in the last 5 years which is not your current residence?

YES NO

If "YES" please give details below.

If you have answered "NO" go straight to section 11.2.

Address

Type of property or land

Valuation

Date property was sold
(if applicable)

Address

Type of property or land

Valuation

Date property/land was sold
(if applicable)

Address

Type of property or land

Valuation

Date property/land was sold
(if applicable)

Continue on another sheet if necessary

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 11 (continued)

In this section you are required to give details of any other property, not already mentioned previously, at which you obtained credit.

State the address of the property. Please note there are separate lines available for Town, County and Postcode.

State the dates you were associated with that property.

There is space provided for 2 additional properties to be entered; however, you may continue on a separate sheet if necessary.

Section 11 (continued) – Other property

- 11.2 List details of your previous addresses or any other addresses which were not listed in section 11.1, and where you have obtained credit within the last 5 years, starting with the most recent.

House name or number and street

Town

County

Postcode

Dates from and to:

House name or number and street

Town

County

Postcode

Dates from and to:

Continue on another sheet if necessary

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 12

State if you are the owner of a vehicle by ticking the relevant box.

State if the vehicle is subject to hire purchase, finance or motability agreement by ticking the relevant box.

Enter the full registration number of the vehicle.

Enter the make and model of the vehicle (eg. Ford Focus 1.6).

Enter what you believe to be the approximate current value of the vehicle.

Enter the year of manufacture (year the car was registered).

Enter the current mileage of the vehicle.

If the car is subject to Hire Purchase (or a Conditional Sale agreement) then please give details of the company who have supplied the finance for the vehicle.

Please indicate if you have the use of any other vehicle using the tick boxes provided.

If you have selected "YES" you should supply full details regarding this vehicle in the additional information box provided. This box should also be used for any other relevant information relating to your vehicle.

Section 12 – Assets

Vehicles

12.1 Do you own a vehicle?

YES NO

If “YES” is the vehicle subject to hire purchase, finance or motability agreement?

YES NO

Vehicle registration number

Make and model

Approximate value of vehicle

Year of manufacture

Current vehicle mileage

Hire purchase company name
(If applicable)

12.2 Do you have use of any other vehicle not owned by you?

YES NO

If you have answered “YES” then please provide details below.

Any further vehicle details

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 12 (continued)

Using the tick boxes provided please indicate if you have any life insurance policies, endowments or saving plans.

If you have selected "YES" then please provide details of the policy held.

Enter the type of policy (e.g. life insurance, assurance, endowment etc.).

Enter the name of the company you took the policy out with.

Enter the address of the company. Please note that there are separate lines available for the town and the postcode.

Enter the sum assured.

If there is a surrender value then please indicate this by ticking the relevant box and entering the surrender value in the space provided.

To be completed as detailed above for any additional policy.

Section 12 (continued) – Assets

12.3 Policies

Do you have any life insurance/assurance policies,
endowments or savings plans?

YES NO

Type of policy

Company name

Address

Town

Postcode

Sum assured

Surrender value

YES NO Value £_____

12.4 Additional policy

Type of policy

Company name

Address

Town

Postcode

Sum assured

Surrender value

YES NO Value £_____

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 12 (continued)

Continue to give details of any policy, endowment or savings plans as per the previous information.

Please continue on a separate sheet of paper if necessary.

Section 12 (continued) – Assets

Policy details continued

12.5 **Additional policy**

Type of policy

Company name

Address

Town

Postcode

Sum assured

Surrender value

YES NO Value £_____

12.6 **Additional policy**

Type of policy

Company name

Address

Town

Postcode

Sum assured

Surrender value

YES NO Value £_____

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 12 (continued)

Using the tick boxes provided, please indicate if you have any stocks, shares, bonds, saving certificates or premium bonds.

If you have selected "YES" then you are required to give further details regarding these investments.

Confirm the type of investment (e.g. premium bond or shares etc.).

Enter the name of the company.

Enter the address of the company. Please note there are separate lines available for town and postcode.

Enter the reference number relating to the investment.

Enter the current value of the investment.

To be completed as noted above for any additional investment.

Section 12 (continued) – Assets

12.7 Investments

Do you have any investments such as stocks, shares
bonds, savings certificates or premium bonds?

YES NO

Type of investment

Company name

Address

Town

Postcode

Reference number

Current value

12.8 Type of investment

Company name

Address

Town

Postcode

Reference number

Current value

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 12

Continue to give details of any stocks, shares, bonds, saving certificates or premium bonds as per the previous information.

Please continue on a separate sheet of paper if necessary.

Section 12 (continued) – Assets

Investments (continued)

12.9 **Type of investment**

Company name

Address

Town

Postcode

Reference number

Current value

12.10 **Type of investment**

Company name

Address

Town

Postcode

Reference number

Current value

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 12

Confirm if you have any possessions, such as electrical goods, mobile phones, jewellery, furniture etc., that are subject to hire purchase or credit agreements by ticking the relevant box.

If you have any goods, subject to an agreement, then please give full details of all items in the table provided. A separate sheet of paper can be used if necessary.

Confirm if you have any non-essential possessions, which are not subject to a hire purchase or credit agreement, such as satellite equipment, caravans, boats, video recording equipment, jewellery, antiques, paintings etc. by ticking the relevant box.

If you have selected "YES" then please give details of these items in the table provided.

The following are examples of essential items **ONLY** insofar as they are reasonably required by you or a member of your household:

Children's toys, medical aid or equipment

Tools of trade or educational books or equipment not exceeding £1,000

Clothing, beds, bedding, household linen, curtains, and floor coverings

Food, cooking equipment and kitchen utensils

Refrigerators, washing machines and microwave ovens

Chairs, settees, tables and other furniture

Lights, fittings and heating appliances

Articles used for cleaning, drying, mending, or pressing clothes

Articles used for cleaning the house and safety in the house

Tools used for maintenance or repair of the house and household articles

Computers and accessory equipment

Radios, telephone and televisions

Confirm if your non-essential possessions have a total value of more than £2,000. Do not include any essential items (see list above of essential items).

Confirm if you own an individual non-essential item, excluding land, property, motor vehicles or essential items, with an individual value of more than £1,000 by ticking the relevant box.

Section 12 (continued) – Assets

12.11 Are any of your possessions, other than any motor vehicle detailed previously, subject to a hire purchase or credit agreement? YES NO

If “YES” enter details of all non-essential items below:

Hire purchase or finance company details	Possession description	Date purchased	Term of agreement	Estimated value (£)

12.12 Do you have any non-essential possessions, which are not subject to a hire purchase or credit agreement? YES NO

If “YES” enter details of all non-essential items below:

Possession description	Date purchased	Estimated value (£)

12.13 Is the total value of all your non-essential possessions more than £2,000?

YES NO

12.14 Do you have any individual non-essential possessions, including money, with a value of more than £1,000?

YES NO

Please note: all cash and money held in bank accounts or elsewhere should be added together.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 13

Please give a full and complete list of all your creditors.

Enter the type of debt (e.g. credit card, loan, store card etc.).

Enter the name and address of the creditor.

Enter the account or reference number.

Enter the approximate date you were approved the loan, credit card etc. If you are listing details of a credit card, the date input should be the approximate date of your last transaction.

Enter the amount outstanding.

Section 13 – Debts

13.1 Please provide details of all debts using the table below. You may wish to continue on a separate page if necessary.

Type of debt	Name/address of creditor	Account/reference number	Approximate date debt was obtained	Amount owed (£)

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 13 (continued)

Continue to list details of your debts including the name and address of your creditors as per the previous information.

Please continue on a separate sheet of paper if necessary.

Section 13 (continued) – Debts

Type of debt	Name/address of creditor	Account/reference number	Approximate date debt was obtained	Amount owed (£)

Total debt owed £ _____

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 14

Using the tick boxes provided, please indicate if you have any bank or building society accounts held in either your own name, or jointly with a third party.

If you have selected "YES" then you are required to give further details regarding the account(s) you hold.

Enter the name and address of the bank or building society where your account is held.

Enter the name of the account holder(s).

Enter the sort code for the account.

Enter the account number.

Enter the current balance of the account.

Please continue on a separate sheet of paper if necessary.

Section 14 – Bank/building society accounts

14.1 Do you have any bank or building society account held in your own name or jointly with a third party?

YES NO

If you have answered “YES” above please provide details below.

Name/address of bank or building society	Name of account holder(s)	Sort code	Account number	Current balance (£)

Please continue on a separate sheet if required.

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite.

Section 15

Using the tick boxes provided, please indicate if you hold any post office, credit union or any other accounts either in your own name or jointly with a third party.

If you have selected "YES" then you are required to give full details of these account(s).

Enter the name and address of the post office, credit union etc. where the account is held.

Enter the name(s) of the account holder(s).

Enter the sort code if applicable.

Enter account or reference number.

Enter the current balance on the account.

Please continue to list your accounts on a separate sheet of paper if necessary.

Section 15 – Other accounts

15.1 Do you have any post office, credit union or other accounts held in your own name or jointly with a third party?

YES NO

If you have answered “YES” above please provide details below.

Name/address of bank or building society	Name of account holder(s)	Sort code	Account number	Current balance (£)

Please continue on a separate sheet if required.

If you have answered “NO” to both sections **14** and **15** please use the space provided below to give details of how you manage your finances, for example, how do you receive your wages and how do you pay your bills?

Bankruptcy Application Form Completion Guidance

The information on this page will help you complete the page opposite

Section 16

You are required to complete Form 17 if you DO NOT wish The Accountant in Bankruptcy to be trustee in your bankruptcy. If you do not nominate anyone in this section The Accountant in Bankruptcy will automatically become your trustee.

You cannot nominate an Insolvency Practitioner to be your trustee if you are applying under MAP. The Accountant in Bankruptcy will be trustee in all MAP cases.

Using the tick boxes provided, please indicate if you wish to nominate a trustee other than The Accountant in Bankruptcy.

If you have answered “YES” then please give details of the nominated trustee.

Enter the name of the trustee you wish to nominate.

Enter the address of the trustee. Please note there are separate lines available for town and postcode.

IMPORTANT – If you are nominating a trustee, they must agree to act as your trustee by completing Form 17. You must ensure that Form 17 is completed by your trustee and submitted with this application.

Section 16 – Trustee nomination

16.1 Do you wish to nominate an Insolvency Practitioner to be your trustee?

YES NO

If you have answered “YES” above please give full details of your nominated Insolvency Practitioner below

Name of nominated trustee

Address

Town

Postcode

If you have chosen to nominate a trustee then you must ensure that **Form 17** is completed and signed by the trustee before submitting this form.

If the Insolvency Practitioner does not sign and date Form 17, agreeing to act as the trustee in your bankruptcy, The Accountant in Bankruptcy will be deemed to be the trustee and will administer your bankruptcy.

Money Adviser Declaration

I am a money adviser within the meaning of the Bankruptcy (Scotland) Act 1985 (as amended). I confirm that I have provided the debtor named in section 5 of this form with advice in accordance with section 5C of that Act.

I confirm that I have obtained evidence of the debtor's income and expenditure and that I will retain records in relation to the advice given to the debtor in making this application (including evidence of the debtor's income and expenditure) for a period of 2 years.

Full name

Name of organisation

Address

Town

Postcode

Signed _____ Date _____

BANKRUPTCY APPLICATION PACK

PART 2

Sensitivity obligation

In terms of the Bankruptcy (Scotland) Act 1985 (as amended) and Regulations made under that Act certain information about all awarded bankruptcies must generally be included in the Register of Insolvencies (RoI) which is an on-line public record of all insolvencies awarded in Scotland. This information includes a bankrupt person's name, address and principal place of business (if any).

However, where the Accountant in Bankruptcy is of the opinion that inclusion of the information in the RoI would be likely to jeopardise the safety or welfare of any person, (e.g. where a person may be at risk of violence), information about an awarded bankruptcy need not be included in the RoI.

If you consider that inclusion of information about your bankruptcy (if awarded) in the RoI would be likely to jeopardise your safety or welfare or that of any other person you should set out details below and provide any other supporting evidence (e.g. from the police) with this form. The Accountant in Bankruptcy will then consider whether information about your bankruptcy (if awarded) should not be included in the RoI.

I confirm that I have a legitimate reason for certain details being withheld or treated sensitively for the purpose of the RoI

(only tick if applicable)

PLEASE GIVE DETAILS BELOW

Preferred contact method

Please select your preferred method of contact (you may select more than one if you wish)

Phone Text
E-mail Writing

Credit/HPI checks

I understand that Accountant in Bankruptcy may carry out credit/HPI* checks prior to awarding my bankruptcy and I give my consent to do so.

Signed _____ Date _____

***credit/HPI** – The Accountant in Bankruptcy may carry out these checks in some cases, before award, to verify the level of debt and also confirm if there is any finance agreement valid against your vehicle.

Statement of Undertakings

I confirm that:

1. I have received money advice from the money adviser detailed in the money advice declaration section of this form. I agree to them acting on my behalf throughout the bankruptcy application process.
2. I have made a full disclosure of all assets which I owned or in which I had an interest in on my bankruptcy award date.
3. I will notify my trustee if I inherit, win or otherwise acquire any further assets during the period of 4 years after my bankruptcy award date.
4. I will immediately inform my trustee of any change of address or change in my financial circumstances during the period of 4 years after the date of bankruptcy.
5. I understand that I have a legal obligation to co-operate with my trustee and to provide any financial information or documents which may be required.
6. I understand that until I am discharged I may not, either alone or jointly with another person, obtain credit (which includes where goods are hired to me under a hire purchase agreement or agreed to be sold to me under a conditional sale agreement) either:
 - (a) of £2,000 or more; or
 - (b) of any amount, where, at the time of obtaining credit, I have debts amounting to £1,000 or morewithout informing the person from whom I obtain it of my bankruptcy.
7. I understand that, until I am discharged I am subject to certain restrictions on the appointments I may take up or offices I may hold, including that I may not be a member of parliament or a justice of the peace.
8. I understand that until I am discharged I may not act as a director of a limited company or be involved directly or indirectly in the promotion, formation or management of a limited company without the leave of the court.
9. I understand that after 12 months from my bankruptcy award date (or normally after 6 months for Minimal Asset Process (MAP) cases) the Accountant in Bankruptcy may discharge me and that my discharge may be dependent on my compliance with this statement of undertakings.
10. I understand that I may be required by my trustee to undergo financial education and that my discharge may be dependent on completion of this financial education.
11. I understand that any assets which vested in my trustee on my bankruptcy award date, and which have not been sold, realised or ingathered by my trustee, will continue to vest in my trustee notwithstanding my discharge.

12. I understand that any assets which were acquired by me during the period of 4 years after my bankruptcy award date and which would have vested in my trustee if they had been part of my estate on my bankruptcy award date will vest in my trustee and that any such assets which have not been sold, realised or ingathered by my trustee, will continue to vest in my trustee notwithstanding my discharge.
13. I understand that if my bankruptcy is converted from MAP to Full Administration my discharge may not be granted until a further £110 is paid.
14. I understand that my circumstances will be assessed for the purpose of a debtor contribution order and that my discharge may be dependent on compliance with that order.
15. I understand that my ongoing liabilities, including council tax, utility payments, tax and national insurance contributions are not included in the sequestration and that I have a duty to pay them.

Note for completion – If you are signing as executor, or entitled to be appointed as executor, on the estate of a deceased debtor, undertakings 1, 7, 8, 10, 14 and 15 do not apply. You are giving the remaining undertakings, as appropriate, in relation to the position of the deceased debtor or the deceased debtor’s estate or the position of executor on the estate of the deceased debtor.

Signed _____ Witness signature _____

Print name _____ Print name _____

Date _____ Date _____

Statement of Truth

I, _____(insert name) agree to be made bankrupt, if I meet the bankruptcy criteria as defined in the Bankruptcy (Scotland) Act 1985 (as amended), and certify that the information I have supplied in this application form is true, complete and accurate to the best of my knowledge and belief.

I understand that by becoming bankrupt, I may be required to make regular contributions from my income if I am financially able to do so and that my assets may be sold to repay my debts.

I have read and understood the warning below.

Note for completion – If you are signing as executor, or entitled to be appointed as executor, on the estate of a deceased debtor, you are agreeing and certifying in relation to the estate of the deceased debtor being made bankrupt. In relation to the warning below, the reference to bankruptcy restrictions does not apply.’

Signature _____

Date _____

WARNING

It is a criminal offence under section 5(9) and 67(1) of the Bankruptcy (Scotland) Act 1985 (as amended), for you to make a false statement in this form in relation to your assets or business or financial affairs, to not disclose any material fact in this statement or make a material misstatement unless you can show that you did not know that statement was false and had no reason to believe it was false.

On summary conviction, you may be liable to a fine of up to £5,000 or to imprisonment for a maximum period of 3 months or to both.

If you deliberately do not disclose all relevant information or if you deliberately make a false statement when completing this form, you may become subject to bankruptcy restrictions.

Payment information

An application fee of £200 is payable or £90 if you are applying under the Minimal Asset Process (MAP). You will be able to establish the fee payable by completing sections 3 and 4 of this application pack.

There is an option to complete this application online which is a quicker, more efficient process. This must be carried out by your money adviser. The payment method options are listed below. Payment can be made online if following the online application method. If one of the other payment methods is chosen then payment should be made following the submission of your online application and must be received by AiB before the application can be processed. If you are using a paper application form then payment should be made along with or (if applicable) prior to the submission of your form.

Payment methods:

- Online – using your debit card following the submission of your application (only possible for online applications).
- Over the phone – using your debit card by calling AiB reception desk on 0300 200 2600. If applying online this will automatically move your application on for processing. If using a paper application you will be provided with a payment reference number which you must quote on your application form before submitting it.
- Directly into a Royal Bank of Scotland branch – either in full or in instalments. You must do so over the counter in order to obtain a full bank receipt(s). DO NOT use the quick deposit process as we may not be able to match your fee with your application. Payment should be made into the following account.

Sort code – 830608

Account number – 11 44 46 55

If applying online you may either scan your receipt(s) onto the system to submit them electronically or alternatively post them to the address below **quoting your case reference number from your online application on the back of the receipt(s)** along with your name and address so that we can match your payment to your application. Once your receipt(s) have been received your application will be moved forward for processing. If using a paper application your receipt(s) should be included with your form with your name and address on the reverse of the receipt(s).

AiB – Debtor Application Payments
1 Pennyburn Road
Kilwinning
KA13 6SA

- By cheque – if applying online, post your cheque into AiB’s office at the address above **quoting your case reference number from your online application on the back of the cheque** along with your name and address so that we can match your payment to your application. Once your cheque has been received your application will be moved forward for processing. If using a paper application your receipt(s) should be included with your form.
- In person at the AiB office – paying in cash or by card at the reception desk at the Accountant in Bankruptcy. If applying online, this will automatically move your application on for processing. If using a paper application the payment should accompany your form.

We will not accept payment by credit card.

FULL PAYMENT IS REQUIRED BEFORE ANY APPLICATION IS PROCESSED

Payment verification

Please verify the appropriate payment method used and give the payment reference number below (if applicable).

I have paid using the following method:

- Over the phone (must provide payment reference number below)
- Directly into a RBS branch (must submit proof of payment/receipt with this form)
- By cheque (enclosed with this form)
- In person at the AiB office (must provide payment reference number below)

My unique allocated payment reference number is _____

Signed _____ Date _____

Check List

This check list has been designed to ensure that you have completed all relevant sections of the application form.

I confirm that I have:

- Completed all sections relevant to me
- Signed and dated the Statement of Truth in Part 2 of this form
- I have supplied my Money Adviser with all relevant documentation relating to my income, expenses, policies and assets
- I have signed and dated the payment verification statement
- I have included my payment reference number on this form
- I have consented to AiB carrying out automatic credit/HPI checks in Part 2 of this form

FORM

CERTIFICATE FOR SEQUESTRATION

This certificate is invalid unless:

- Completed by an authorised person defined in section 5C(2) of the Bankruptcy (Scotland) 1985 Act (as amended), and
- Countersigned by the debtor.

This certificate is valid for 30 days including the date signed by the authorised person,

I,	Insert authorised person's name
	Job title
	Organisation
	Address
	Town
	Postcode
	e-mail address
	Phone number

confirm that, under section 5C(2) of the Bankruptcy (Scotland) 1985 Act (as amended, I am authorised to sign this certificate which has been applied for by the debtor, and certified that, on the basis of the information provided to me, by

	Insert debtor's name and title
	Address
	Town
	Postcode
	Telephone number
	Date of birth

that he/she* is unable to pay his/her* debts as they become due

I have provided the debtor with a copy of the Debt Advice and Information Pack and, where appropriate, have advised the debtor of the options of a voluntary repayment plan, a debt payment programme under the Debt Arrangement Scheme or Trust Deed.

I have advised the debtor that an award of sequestration, if granted, is recorded in a public register and may result in one or more of the following:

- 1) the debtor being refused credit, or being offered credit at a higher rate, whether before or after the date of the debtor being discharged;
- 2) the debtor not being able to remain in his/her current place of residence;
- 3) the debtor being required to relinquish property which they own;
- 4) the debtor being required to make contributions from income for the benefit of creditors;
- 5) damage to the debtor's business interests and employment prospects; and
- 6) the debtor still being liable for some debts which are excluded;
- 7) the debtors past financial transactions being investigated; and
- 8) other restricted or requirements imposed on the debtor as a result of the debtor's own circumstances and actions.

Please select the relevant qualification which grants you the authority to provide a certificate for sequestration.

- person qualified to act as insolvency practitioners in accordance with section 390 of the 1986 Act
- persons who work as money advisor for organisations which have been awarded accreditation at type 2 level or above against the Scottish National Standards for Information and Advice Provision
- persons approved for the purpose of the Debt Arrangement Scheme
- persons who work as money advisors for the citizens advice bureau which is full member of the Scottish Association of Citizens Advice Bureaux/Citizens Advice Scotland
- person who works as money advisors for councils constituted under section 2 of the Local Government etc. (Scotland) Act 1994 (c.39)
- persons who work for an insolvency practitioner as defined in regulations 3(a)(i), who have been given authority by that insolvency practitioner to act on behalf of that insolvency practitioner in the granting of a certificate of sequestration.

Signed _____(authorised person) _____(date)

I, _____ (debtor's name) confirm that I have provided the authorised person with correct and complete information about my financial circumstances.

Signed _____ (debtor) _____(date)

**Form of Undertaking to act as Trustee in Sequestration
on the Application of a Debtor**

Bankruptcy (Scotland) Act 1985 (as amended)
Section 2(1A)(c) and (3)(c)

This form should be completed by a qualified Insolvency Practitioner if:

- 1) a debtor applies for an award of sequestration under section 5 or 6 of the Bankruptcy (Scotland) Act 1985 (as amended),
- 2) the debtor nominated the Insolvency Practitioner to act as the trustee in the sequestration, and
- 3) the Insolvency Practitioner undertakes to so act.

Undertaking

I,	Insert Insolvency Practitioner's name
	Insert business address
	Town
	County
	Postcode

hold the necessary authorisation to act as an insolvency practitioner under Part 13 (insolvency practitioners and their qualification) of the Insolvency Act 1986 to enable me to act as a trustee in sequestration under the Bankruptcy (Scotland) Act 1985 (as amended).

Authorising professional body (or other authority) _____

I undertake, if appointed by the Accountant in Bankruptcy to do so, to act as the trustee in the sequestration of

	Insert debtor's name
	Insert debtor's address
	Town
	County
	Postcode

Signed _____

Date _____

(Insolvency Practitioner)

Scottish Public Authorities General Equality Duty Protected Characteristics Monitoring Form

It is a government requirement that we ask you some additional information in order to gather equalities data. This information will remain anonymous and will not form part of your bankruptcy application. These pages will be detached from the application form.

AGE

What was your age on your last birthday?

18-25 26-33 34-41 42-49
50-57 58-65 65+

Gender

Are you male or female?

Male Female

Gender Identity

Is your gender the same as birth?

Yes No

Sexual Orientation

Which of the following best describes how you think of yourself?

Heterosexual/Straight Bisexual
Gay/Lesbian Other

Ethnic Group

What is your ethnic group?

Choose **ONE** from section A to E, and then **ONE** box which best describes your ethnic group/background?

A. White

- | | |
|--------------------------------------|---|
| 1. Scottish <input type="checkbox"/> | 4. Other British <input type="checkbox"/> |
| 2. Irish <input type="checkbox"/> | 5. Gypsy Traveller <input type="checkbox"/> |
| 3. Polish <input type="checkbox"/> | 6. Other white ethnic group _____
(please specify) |

B: Mixed or Multiple ethnic groups

7. Mixed or multiple ethnic groups _____
(please specify)

C: Asian, Asian Scottish or Asian British

8. Pakistani, Pakistani Scottish or Pakistani British

9. Indian, Indian Scottish or Indian British

10. Bangladeshi, Bangladeshi Scottish or Bangladeshi British

11. Chinese, Chinese Scottish or Chinese British

12. Other _____
(please specify)

D: African

13. African, African Scottish or African British

14. Other _____
(please specify)

E: Caribbean or Black

15. Caribbean, Caribbean Scottish, Caribbean British

16. Black, Black Scottish, Black British

17. Other _____
(please specify)

F: Other ethnic Group

18. Arab, Arab Scottish or Arab British

19. Other _____
(please specify)

DISABILITY

Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Tick ALL that apply

1. Deafness or partial hearing loss
2. Blindness or partial sight loss
3. Learning disability (e.g. Down's Syndrome)
4. Learning difficulty (e.g. dyslexia)
5. Development disorder (e.g. Autistic Spectrum Disorder or Asperger's Syndrome)
6. Physical disability
7. Mental Health condition
8. Long-term illness, disease or condition
9. Other condition – please specify _____

Are your day-to-day activities limited because of a health problem or disability, which has lasted, or is expected to last, at least 12 months? Include problems related to old age.

- Yes – limited a lot
- Yes – limited a little
- No

RELIGION/BELIEF

What religion, religious denomination or body do you belong to?

1. None
2. Church of Scotland
3. Roman Catholic
4. Other Christian
5. Muslim
6. Buddhist
7. Sikh
8. Jewish
9. Hindu
10. Pagan
11. Other religion – please specify _____

