

REPUBLIC OF TRINIDAD AND TOBAGO

The Bankruptcy and Insolvency Act, 2007

FORM 11

(Sections 25(2), 26(9)(a), 149(e) of the Act and Regulations 16 and 100)

STATEMENT OF AFFAIRS (Non-Business Bankruptcy/Proposal)

(This form must be completed by individual (consumer) bankrupts. If the bankrupt / debtor is a corporation or partnership, or an individual running a business as a sole proprietorship, or any other form of business, form 10 must be completed)

Original Amended

ASSETS						
Type of assets	Description <i>(provide details)</i>	Estimate dollar value	Exempt property		Secured amount / liens	Estimated net realizable dollar value
			Yes	No		
1. Cash on hand						
2. Furniture						
3. Personal effects						
4. Cash surrender value of life insurance policies, RRSPs, etc.						
5. Securities						
6. Real property or immovables	House					
	Cottage					
	Land					
7. Motor vehicle	Automobile					
	Motorcycle					
	Other					
8. Recreational equipment						
9. Estimated tax refund						
10. Other assets						
TOTAL						

Date

Debtor

LIABILITIES

Liabilities type code (LTC):

1. Real property or immovable mortgage or hypothec
2. Bank loans (except real property mortgage)
3. Finance company loans
4. Credit cards - bank/trust company issuers
5. Credit cards - other issuers
6. Taxes - government and municipal
7. Student loans
8. Loans from individuals
9. Other

Creditor	Address, including postal code	Account no.	Amount of debt			Enter LTC
			Unsecured	Secured	Preferred	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

TOTAL	Unsecured			
TOTAL	Secured			
TOTAL	Preferred			

Date

Bankrupt/Debtor

A. INFORMATION RELATING TO THE AFFAIRS OF THE BANKRUPT/DEBTOR

1. Family name: _____ Given names: _____ Date of birth: ____/____/____
 Gender: F M YYY/YY/DD

2. Also known as:

3. Complete address, including postal code:

4. Marital status:

(Specify month and year of event _____
 if it occurred in the last five years) Married _____ Single _____

 Widowed _____ Separated _____

 Divorced _____ Common-law partner _____

5. Full name of spouse or common-law partner:

6. Name of present employer:

Occupation (bankrupt/debtor):

7A. Number of persons in household family unit, including bankrupt/debtor:

7B. Number of persons 18 years of age or younger:

8. Have you operated a business Yes _____ No _____ (If yes) Name, type and period of
 within the last five years? operation:

**B. WITHIN 12 MONTHS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU
 EITHER IN TRINIDAD AND TOBAGO OR ELSEWHERE:**

9A. Sold or disposed of any of your property? Yes _____ No _____
 9B. Made payments in excess of the regular payments to creditors? Yes _____ No _____
 9C. Had any property seized by a creditor? Yes _____ No _____

**C. WITHIN FIVE YEARS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU,
 EITHER IN TRINIDAD AND TOBAGO OR ELSEWHERE:**

10. Sold or disposed of any property? Yes _____ No _____
 10B. Made any gifts to relatives or others in excess of \$500? Yes _____ No _____

 Date

 Bankrupt/Debtor

D. BUDGET INFORMATION: Attach Form 17 to this form

11A. Have you ever made a proposal under the Bankruptcy and Insolvency Act? Yes No

11B. Have you ever been bankrupt before in Trinidad and Tobago? Yes No

(If yes, provide the following details for all insolvency proceedings: (a) filing date and location of the proceedings; (b) name of trustee or other office holder; (c) if applicable, was the proposal successful?; (d) date on which Certificate of Full Performance of Discharge was obtained.)

12. Do you expect to receive any sums of money that are not related to your normal income, or any other property within the next 12 months? Yes No

13. If you answered Yes to any of questions 8, 9 or 11, provide details:

14. Provide reasons for your financial difficulties:

I, _____, of _____ do swear (or solemnly declare) that this statement is, to the best of my knowledge, a full, true and complete statement of my affairs on the _____ day of _____ and fully discloses all property and transactions of every description that is or was in my possession or that may devolve on me in accordance with the *Bankruptcy and Insolvency Act*.

SWORN (or SOLEMNLY DECLARED)

before me at _____

on this _____ day of _____.

Commissioner of Affidavits

Bankrupt / Debtor