HAYES MCNEILL & PARTNERS LTD.
TRUSTEE IN BANKRUPTCY

VICTORIA	DUNCAN	NANAIMO	PORT ALBERNI
900 – 747 Fort Street	823 Canada Avenue	#1 - 256 Wallace Street	3290 3rd Ave.
Victoria, BC V8W 3E9	Duncan, BC V9L 1V2	Nanaimo, BC V9R 5B3	Port Alberni, B.C., V9Y 4E1
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CONFIDENTIAL DETAILED APPLICATION

Please answer to the best of your knowledge. If you have any questions, please call us. When you have filled out the information, call us to arrange a confidential complimentary interview.

PERSONAL INFORMATION (Full Legal Name Required)

Surname: _____ Given Names: _____

Address: _____
Street City Province Postal Code

Resided at above address since: Year _____ Month _____ Day _____

I have resided in BC since: Year _____ Month _____ Day _____

Mailing address (if different from above) _____

S.I.N. _____ Phone #: _____ _____
Home Business

Occupation: _____ Birthdate: Year _____ Month _____ Day _____

Marital Status: Single ____ Common Law ____ Married _____ Separated _____ (as of _____)
Divorced ____ (as of _____) Widowed ____ (as of _____)

Spouse=s Full Name: _____ Spouse=s Phone #=s _____

Address: _____
Street City Province Postal Code

Spouse=s S.I.N. _____ Spouse=s Birthdate Year _____ Month _____ Day _____

Spouse=s Occupation _____

Number of Dependents who rely on you for financial support: _____ *(list below)*

Name	Income Since January 1	Relationship	Birthdate	Live with Bankrupt?

DEBTS: List all debts, including secured debts and utilities (best estimate of balance owing)

Creditors Name	Complete Address	Account Number	Amount Owing

ASSETS: Real Estate, Receivables, All other (i.e. cash on hand/household goods/personal effects, etc.)

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on hand/In Bank		
Household Furniture/Effects		
Loans/Accounts Receivable (provide list showing names/address/ amount)		
Cash Surrender Value of Insurance Policies		
Saving Accounts/Plans		
Jewelry/Personal Effects		
Stocks/Credit Union Shares		
Shares in Limited Company (Give # of shares, company name		
Cottage (give address & legal description)		
House (give address & legal description)		
Land (give address & legal description)		
Automobile (give year/model/registration #)		
Motorcycle (give year/model/registration #)		
Other Vehicles		
Boat (model & size)		
Motor (type & size)		
Trailer		
Recreational Equipment		
RRSP (Plan name/#)		
Other Assets (e.g. inheritances/litigation/etc.)		

Please supply copies of all relevant documentation including copies of car registration/appraisals/mortgage documents/insurance policies/share certificates etc.

Have you been self employed in the last 5 years? Yes ____ No ____

BUSINESS AND TRADE NAMES	**Business #1**	**Business #2**	**Business #3**
Proprietorship/Partnership/Co.			
Ended When?			
What Happened to Business?			
Where are Books & Records?			
Name(s) of Partner(s)			
Place of Business (City)			
Nature of Business			
GST #			
Are there any outstanding GST returns?			

Are any of your debts directly related to your business? Yes _____ No _____

If yes, what percentage? _____%

Are you an Officer or a Director of a limited company? Yes _____ No _____

If yes - Name of the Company

- date you became a Director or Officer
- Is the company still operating? Yes _____ No _____
- Where are the books and records?

Year last tax return was filed _____ *Please supply a copy of return.*

List all of your employers, showing dates started and terminated, for the past two years. If there were any periods when you were drawing EI. benefits, show each period separately.

Employer=s Name	**Employer=s Full Address**	**Date Job Commenced**	**Date Job Finished**	**EI Benefit Terminated**

Cause of insolvency _____

_____

_____

PREVIOUS BANKRUPTCY ETC.

Have you ever been bankrupt before? _____ If yes, please complete the following:

Date of Bankruptcy_____ Name of Trustee_____

Address of Trustee _____ Date of Discharge_____

Please supply a copy of Discharge Order.

Have you applied for a Consolidated Order (Orderly Payment of Debts)?_____

If yes, give details_____

Have you ever made a proposal or an arrangement with your creditors?_____ If yes, please detail_____

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1. Within the last twelve (12) months, have you sold, disposed of, or transferred any of your assets? Yes ___ No ___
   (e.g. Vehicles, RRSP=s, Stocks/Bonds, Furniture)

Description of Asset	Date Disposed	To Whom	Sale Price	Disposition of Proceeds

2. Within the last twelve (12) months, have you made payments in excess of regular payments to any creditor? Yes ___ No ___

_____

_____

3. Within the last twelve (12) months, have you had any assets seized or garnished by a creditor? Yes ___ No ___

Asset Seized: _____

Date Seized: _____

Name of Party Seized by:

_____

Was Party who made seizure a secured creditor? Yes ___ No ___

Form of Security? _____

(Please provide copy of seizure/garnishee document)

4. Within the last five (5) years, have you sold, disposed of, or transferred any real estate? Yes ___ No ___

Description of Asset	Date Disposed	To Whom	Sale Price	Disposition of Proceeds

5. Within the last five (5) years, have you made any gifts to relatives or other in excess of $500? Yes ___ No ___

_____

_____

_____

6. Have you made any arrangements to continue to pay any creditors in the future? Yes ___ No ___

_____

_____

_____

Have you co-signed or guaranteed any loans? _____ Amount of loan $_____

Borrower=s Name & Address:_____

Lender=s Name & Address:_____

Business or Personal Debt?_____ Is party bankrupt?_____

INCOME SUMMARY **(MONTHLY)**	
Net Salary	$
Pension/Annuities	
Net Earnings of Spouse (if living with you)	
Alimony	
EIC (Unemployment Insurance Benefits)	
Social Assistance	
Rental Income	
Other (specify) _____	
TOTAL	$

EXPENSE SUMMARY	
Child support payments	$
Spousal support payments	
Child care (daycare)	
Health-related expenses: Detail _____	
Fines/penalties being paid	
Employment-related expenses	
Debts where stay has been lifted	
Rent _____ Mortgage _____ Room & Board _____ (Tick one)	
Property taxes	
Heating and/or gas (home)	
Telephone	
Cellular Telephone	
Cable	
Hydro	
Smoking	
Alcohol	
Miscellaneous – Dining Out _____ - Sports/Entertainment _____ - Other _____	
Food/Groceries	
Laundry	
Hygiene Products	
Clothing	
Car or Truck Payments	
Transportation costs (fuel/repairs & maintenance)	
Car insurance	
Insurance on house/contents	
Life insurance	
Payment being made to Trustee	
Loan payments (to secured creditors) *Details* _____	
TOTAL	$

Comments regarding above income and expenses:

_____

_____

HOUSEHOLD AND PERSONAL EFFECTS

LIVING ROOM		KITCHEN		MISC	
Sofa	$_____	Table	$_____	Antiques:	$_____
Chairs(s)	_____	Chairs	_____	_____	_____
Lamps	_____	Small Appliances	_____	_____	_____
Table(s)	_____	Pots/Pans	_____	Camera/Equip	_____
Stereo	_____	Dishes	_____	Computer/Equipment:	
TV	_____	Microwave	_____	_____	
Clock	_____	Freezer	_____	Paintings/Prints	_____
Drapes	_____	Washer/Dryer	_____	COLLECTIONS:	
VCR	_____	_____	_____	Coin	_____
CD Player	_____	_____	_____	Stamp	_____
_____	_____	_____	_____	Plate	_____

STUDY		BEDROOM #1		JEWELRY	
Desk	_____	Bed	_____	Rings	_____
Chair(s)	_____	Dresser	_____	Watches	_____
Lamp(s)	_____	Night Stand	_____	Necklaces	_____
Drapes	_____	Drapes	_____	_____	_____
_____	_____	_____	_____	_____	_____

DINING ROOM		BEDROOM #2		CLOTHES	
Table	_____	Bed	_____	_____	_____
Chairs	_____	Dresser	_____	_____	_____
Cabinet	_____	Night Stand	_____	_____	_____
Drapes	_____	Drapes	_____	_____	_____
China/Silver	_____	_____	_____		

FAMILY ROOM		BEDROOM #3		OTHER	
TV	_____	Bed	_____	Barbecue	_____
Furniture	_____	Dresser	_____	Furniture	_____
VCR	_____	Night Stand	_____	Lawnmower	_____
Drapes	_____	Drapes	_____	Tools	_____
_____	_____	_____	_____	Bike(s)	_____
_____	_____	_____	_____	Ski Equipment	_____
				Guns	_____
				Camping Equip	_____
				_____	_____
				_____	_____

I HEREBY CERTIFY THAT THIS IS A TRUE AND COMPLETE LIST OF ALL MY HOUSEHOLD AND PERSONAL EFFECTS AND THAT THE ASSIGNED VALUES ARE THE TRUEST VALUES TO THE BEST OF MY BELIEF.

Date:_____ **Signature:**_____

UNINCORPORATED TRADE AND BUSINESS ASSETS

Exempt Assets

Tools and Equipment (attach list) $_____

Non - Exempt Assets

Inventory (attach list) $_____
Accounts Receivable (attach list) $_____

I HEREBY CERTIFY THAT THIS IS A TRUE AND COMPLETE LIST OF ALL MY TRADE AND BUSINESS ASSETS AND THAT THE ASSIGNED VALUES ARE THE TRUEST VALUES TO THE BEST OF MY BELIEF.

Date:_____ **Signature:**_____

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