



IBA
PO Box 260,
Hythe, Kent.
CT21 9AH

Telephone: 01303 269432
Facsimile: 01303 269432
Email: enquiries@inigobankrupts.co.uk
Web: www.inigobankrupts.co.uk

1. Insolvency Practitioners Firm

Company name	
Address	
Town	
County	
Post code	
Trustee Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Trustee Full Name	
Contact telephone number	
Email address	
Name of your contact at IBA	

2. Bankrupt

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
First name	
Last name	
Previous first name (if any)	
Previous last name (if any)	
Address	
Date of birth	<input type="checkbox"/> <input type="checkbox"/> dd <input type="checkbox"/> <input type="checkbox"/> mm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy
National Insurance Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has bankrupt been discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', give date of discharge	<input type="checkbox"/> <input type="checkbox"/> dd <input type="checkbox"/> <input type="checkbox"/> mm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy
Is a copy of instrument appointing Trustee in Bankruptcy enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow by post
Approximate amount of Bankrupt's outstanding debt	£
Has a lifetime annuity been purchased?	<input type="checkbox"/> Yes - If 'Yes' go to Section 4 <input type="checkbox"/> No - If 'No' go to Section 5

3. Trustee in Bankruptcy authority

Date of TIB appointment	<input type="checkbox"/> <input type="checkbox"/> dd <input type="checkbox"/> <input type="checkbox"/> mm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy
Letter of authority to act	A pro-forma is attached for your convenience. Please print on TIB letterhead, sign and attach, inserting Bankrupt's name and policy number as appropriate for each policy held.

Continued...



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4. Lifetime annuity

Name of insurance company		
Address		
Town		
County		
Post code		
Insurers policy number		
Annual amount of annuity	£ p.a. gross	£ p.a. net
How is annuity payable	<input type="checkbox"/> Monthly <input type="checkbox"/> In advance <input type="checkbox"/> Quarterly <input type="checkbox"/> In arrears <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually	
Start date of annuity	<input type="checkbox"/> <input type="checkbox"/> dd <input type="checkbox"/> <input type="checkbox"/> mm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy	
Is the annuity payment guaranteed?	<input type="checkbox"/> Yes - 5 years <input type="checkbox"/> Yes - 10 years <input type="checkbox"/> No	

5. Bankrupt's pension

Is the pension in Drawdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Pension Provider	
Address	
Town	
County	
Post code	
Maximum GAD Drawdown figure	£
Frequency of Drawdown payment	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually
Date of last Drawdown payment	<input type="checkbox"/> <input type="checkbox"/> dd <input type="checkbox"/> <input type="checkbox"/> mm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy
Date of next 5 year GAD review	<input type="checkbox"/> <input type="checkbox"/> dd <input type="checkbox"/> <input type="checkbox"/> mm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy
Current value of Pension plan	£

Please complete both pages of this form and return with letter of authority, on your own firm's letterhead, and copy instrument appointing you as Trustee in Bankruptcy to the above address

Signed by		
Signature		<input type="checkbox"/> <input type="checkbox"/> dd <input type="checkbox"/> <input type="checkbox"/> mm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yyyy