



Notice of inaccuracy in a return

Form RL31
Corporations Act 2001
Schedule 2, Insolvency Practice Schedule (Corporations)
35-5(1)(a)

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Lodgement details

Who should ASIC contact if there is a query about this form?

Firm/organisation

Contact name/position description

ASIC registered agent number (if applicable)

Telephone number

Postal address or DX address

1 Liquidator details

Liquidator registration number

Family name

Given name

Firm name (if applicable)

Residential address and contact details

Unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Telephone number

Email address

2 Details of return and inaccuracy

Tick one box and complete all details

Annual liquidator return

Date original return lodged

/ /
[D] [D] [M] [M] [Y] [Y]

Document ID of original document

Date of event

/ /
[D] [D] [M] [M] [Y] [Y]

Date you became aware of event

/ /
[D] [D] [M] [M] [Y] [Y]

Description of inaccuracy

Annual administration return

Name of company subject to administration

ACN of company subject to administration

Date of return

/ /
[D] [D] [M] [M] [Y] [Y]

Document ID of original document

Date of event

/ /
[D] [D] [M] [M] [Y] [Y]

Date you became aware of event

/ /
[D] [D] [M] [M] [Y] [Y]

Description of inaccuracy

End of administration return

Name of company subject to administration

ACN of company subject to administration

Date of return

/ /
[D] [D] [M] [M] [Y] [Y]

Document ID of original document

Date of event

/ /
[D] [D] [M] [M] [Y] [Y]

Date you became aware of event

/ /
[D] [D] [M] [M] [Y] [Y]

Description of inaccuracy

Signature

This form must be signed by the registered liquidator.

Name

Signature

Date signed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
[D	D]		[M	M]		[Y	Y]

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841

For more information

Web www.asic.gov.au
Need help? www.asic.gov.au/question
Telephone 1300 300 630

Guide: Notice of inaccuracy in a return

This guide does not form part of the form. It is included by ASIC to assist you in completing and lodging the Form RL31.

Signature	This form must be signed by the registered liquidator					
Lodgement fees	Nil if lodged within the prescribed lodging period. Late fees will apply if you notify of an inaccuracy in a return outside of the lodgement period. For information on fees refer to www.asic.gov.au/forms .					
Lodgement period	Within ten business days after you could reasonably be expected to be aware that the event has occurred					
Further requirements	This form is only to notify ASIC of the inaccuracy. In order to rectify the inaccuracy, you will need to lodge a Form 492 to request a change to a lodged document.					
How to provide additional information	<p>Additional form pages If there is insufficient space in any section to provide all information, you may attach an additional page of the form.</p> <p>Attachments You may submit attachments as part of this lodgement. You may use this label on attachments to this form:</p> <table border="1"><tr><td>Liquidator name:</td></tr><tr><td>Attachment: [insert identifying mark eg. A, B, C or 1, 2, 3]</td></tr><tr><td>This is attachment [insert mark] of [insert number] pages referred to in form [insert form number and title]</td></tr><tr><td>Date prepared:</td></tr><tr><td>Signed</td></tr></table> <p>Ensure the following:</p> <ol style="list-style-type: none">1. The attachment should be signed by the same person(s) who signed the form2. Use white A4 size paper3. Use dark blue or black ink4. Number the pages of the attachment.	Liquidator name:	Attachment: [insert identifying mark eg. A, B, C or 1, 2, 3]	This is attachment [insert mark] of [insert number] pages referred to in form [insert form number and title]	Date prepared:	Signed
Liquidator name:						
Attachment: [insert identifying mark eg. A, B, C or 1, 2, 3]						
This is attachment [insert mark] of [insert number] pages referred to in form [insert form number and title]						
Date prepared:						
Signed						
Privacy	The information provided to ASIC in this form may include personal information. Please refer to our privacy policy (www.asic.gov.au/privacy) for information about how we handle your personal information, your rights to seek access to and correct personal information, and to complain about breaches of your privacy.					
Lodgement	<table><tr><td>Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.</td><td>For more information Web www.asic.gov.au Need help? www.asic.gov.au/question Telephone 1300 300 630</td></tr></table>	Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.	For more information Web www.asic.gov.au Need help? www.asic.gov.au/question Telephone 1300 300 630			
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