Declaration of eligibility for temporary relief

Company details

Company name

[ ]

ACN

[ ]

1 Type of relief

Please select one

[ ] Initial relief (complete section 3)

[ ] Extended relief (complete section 4)

2 Date of declaration

[ ] [ ] / [ ] [ ] / [ ] [ ]

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

3 Declaration of eligibility for initial temporary restructuring relief

Please tick the box.

[ ] The directors of the company declare that there are reasonable grounds to believe that:

(a) the company is insolvent or is likely to become insolvent before the end of the initial 3-month relief period covered by this declaration; and

(b) the eligibility criteria for restructuring would be met in relation to the company; if a restructuring pracitioner were appointed on the day on which notice of this declaration is published, or on any day afterwards on which the declaration has not expired.

[ ] The board has resolved to the effect that a restructuring practitioner for the company should be appointed; and

[ ] There is no external administrator appointed to the company

4 Declaration of eligibility for extended temporary restructuring relief

Please tick the box.

The directors of the company confirm that the following requirements under s458E(1)(b), (c) and (d) continue to be satisfied in relation to the company.

[ ] The directors of the company declare that there are reasonable grounds to believe that:

(i) the company is insolvent, or is likely to become insolvent before the declaration under subparagraph (a)(i) expires; and

(ii) the eligibility criteria for restructuring would be met in relation to the company if a restructuring practitioner were appointed on the day on which notice of the initial declaration for temporary restructuring relief under subparagraph (a)(i) is published, or on any day afterwards on which the declaration has not expired; and

[ ] The board has resolved to the effect that a restructuring practitioner for the company should be appointed; and

[ ] There is no external administrator appointed to the company

If there is insufficient space, you may attach further information and submit it as part of this lodgement

Detail the steps the company has taken, and intends to take, to appoint a restructuring practitioner for the company:

[ ]

5 Details of company directors

If there is insufficient space in this section to provide all director information, you may photocopy the relevant page(s) and submit as part of this lodgement

Family name

Given names

Postal address

Suburb/City	State/Territory	Postcode

Family name

Given names

Postal address

Suburb/City	State/Territory	Postcode

Family name

Given names

Postal address

Suburb/City	State/Territory	Postcode

Family name

Given names

Postal address

Suburb/City	State/Territory	Postcode

Family name

Given names

Postal address

Suburb/City	State/Territory	Postcode

6 Additional information

Please select the relevant boxes

State(s) where the company conducts business

☐ Australian Capital Territory   ☐ New South Wales

☐ Northern Territory   ☐ Queensland

☐ Tasmania   ☐ South Australia

☐ Western Australia   ☐ Victoria

You can search for the ANZSIC code on the Australian Bureau of Statistics (ABS) website.

Australian and New Zealand Standard Industrial Classification (ANZSIC) code:

Please select the relevant boxes

Gross annual turnover:

☐ Less than $100,000   ☐ $1,000,001 to $5,000,000

☐ $100,001 to $500,000   ☐ More than $5.0m

☐ $500,001 to $1.0m

Please select the relevant boxes

Total liabilites:

☐ Less than $100,000   ☐ $500,001 to $750,000

☐ $100,001 to $250,000   ☐ $750,001 to $1.0m

☐ $250,001 to $500,000

Signature

This form must either be signed by one director on behalf of themselves and all other company directors or by each director.

Single director signing on behalf of all other directors

I certify that I am signing on behalf of myself and all other company directors and that the information in this declaration is true and complete.

Name

Signature

Date signed

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

If there is insufficient space in this section for all directors to sign, you may photocopy the relevant page(s) and submit as part of this lodgement

All directors signing the declaration

Name

Signature

Date signed

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

Name

Signature

Date signed

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

Name

Signature

Date signed

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

Name

Signature

Date signed

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