

# INSOLVENCY APPOINTMENT NOTIFICATION FORM

**Attention:** Zeshan Mantara  
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Date of Appointment:	/ /		
Name of Company:			
A.C.N & A.B.N:			
Name of Appointee(s):			
Type of Appointment:	<input type="checkbox"/> VA	<input type="checkbox"/> RM	<input type="checkbox"/> L <input type="checkbox"/> PL <input type="checkbox"/> BT OTHER:
Type of Business:			
Principal Address:			
Practitioner Contact:			
Practitioner Manager:			
Phone Number &/or E-mail:			
Trading:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Turnover P.A.:	<input type="checkbox"/> Up to \$1m	<input type="checkbox"/> \$1-\$5m	<input type="checkbox"/> \$5-\$20m <input type="checkbox"/> \$20m+
Asset Value:	<input type="checkbox"/> Up to \$200k	<input type="checkbox"/> \$200k-\$1m	<input type="checkbox"/> \$1-\$10m <input type="checkbox"/> \$10m+
No. of Employees:	<input type="checkbox"/> 1-10	<input type="checkbox"/> 10-30	<input type="checkbox"/> 30-50 <input type="checkbox"/> 50+
Trading Locations:	<input type="checkbox"/> NSW	<input type="checkbox"/> VIC	<input type="checkbox"/> QLD <input type="checkbox"/> TAS
	<input type="checkbox"/> ACT	<input type="checkbox"/> NT	<input type="checkbox"/> SA <input type="checkbox"/> WA
	<input type="checkbox"/> NZ	<input type="checkbox"/> ASIA	<input type="checkbox"/> EUROPE <input type="checkbox"/> USA
<b>PRE-APPOINTMENT INSURANCE DETAILS</b>			
General Program	Insurer &/or Broker		
Workers Compensation	Insurer &/or Broker		
<b>OTHER SERVICES (OPTIONAL)</b>			
Is a Plant Hazard assessment survey quotation required?	YES / NO		
Is an Occupational Health & Safety survey quotation required?	YES / NO		
Is an Environmental compliance survey quotation required?	YES / NO		