Insolvency, Restructuring and Dissolution (Voluntary Winding Up) Regulations 2020

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DIRECTORS' DECLARATION OF COMPANY'S INABILITY TO CONTINUE BUSINESS BY REASON OF ITS LIABILITIES

Name of Company:
Unique Entity No. / Registration No.:
*I / We,
(1) *I / We *am / are (a) director(s) of the abovenamed company;
(2) the abovenamed company cannot by reason of its liabilities continue its business; and
(3) the meetings of the abovenamed company and of its creditors have been summoned for the
Declared at [country] this day of [month] [year
Signature:
[Name of Director]
Signature:
[Name of Director]
*Delete where inapplicable.

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AFFIDAVIT OF POSTING OF NOTICES OF MEETING

(Title)

I,
1. That I did on the day of
2. That the notice to each creditor was sent to the address given in the creditor's proof or, if the creditor has not proved, to the address given in the statement of affairs of the company, or to such other address as may be known to the person summoning the meeting. (c)
3. That the notice to each contributory was sent to the address mentioned in the company's books as the address of such contributory, or to such other address as may be known to the person summoning the meeting. (d)
4. That I sent the said notices by putting the notices prepaid into the post office at
Sworn or affirmed, etc.
 (a) State the description of the deponent. (b) Insert here "general" or "adjourned general" (c) & (d) Delete where inapplicable

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LIST OF CREDITORS ASSEMBLED TO BE USED AT EVERY MEETING

(Title)

Meeting held at		[place of meeting]	this day
of[y	/ear].		

Number	Name of creditors present or represented	Amount of proof
1		
2		
3		
4		
5		
6		
7		
8		
9		
	Total number of creditors present or represented.	

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NOTICE OF APPOINTMENT AND SITUATION OF OFFICE OF LIQUIDATOR(S) $\label{eq:liquid}$

Name of Company:
Unique Entity No. / Registration No:
Notice is hereby given that *Mr / Ms
Dated this day of [month] [year]
*Delete where inapplicable

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NOTICE OF CHANGE IN SITUATION OF OFFICE OF LIQUIDATOR(S)

Name of Company:
Unique Entity No. / Registration No:
Notice is hereby given that the address of *Mr/Ms
The details of the liquidator's new office address are as follows:
Dated this day of [month][year]
Liquidator

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NOTICE OF CESSATION OF APPOINTMENT OF LIQUIDATOR(S)

Name of Company:
Unique Entity No / Registration No.:
Notice is hereby given that *Mr / Ms
Dated this day of [month][year]
Liquidator

*Delete where inapplicable

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LIQUIDATOR'S ACCOUNTS OF RECEIPTS AND PAYMENTS AND STATEMENT OF THE POSITION IN THE WINDING UP

Name of Comp	any:	•••••	
Unique Entity 1	No / Registration No.:		
	•	to	
		F RECEIPTS AND PAYMENTS nt, please use Continuation Sheet(s))	
Date	From whom received/	Nature of receipts/ payments	Amount

Date	From whom received/	Nature of receipts/ payments	Amount
	To whom paid		\$
		Balance brought forward	
		+ Balance carried forward	

- # Full details of investments made by the liquidator and of the realisation of the investments are to be given in a separate statement attached to and forming part of this account. Any profit or loss on realisation must appear in the "Account of Receipts and Payments" as a notional receipt or payment, as the case may be, with a reference to the particular investment.
- + A balance is not to be shown on this account. Show only the total receipts and payments which are to be carried forward to the next account.

Name of Company:
Unique Entity No / Registration No.:

ACCOUNTS OF RECEIPTS AND PAYMENTS* (If space is insufficient, please use Continuation Sheet(s))

Date	From whom received/ To whom paid	Nature of receipts/ payments	Amount \$
	10 1110111	Balance brought forward	Ψ
		+ Balance carried forward	

Continuation Sheet 2

Nam	e of Company: .									
Unic	que Entity No / R	egistration N	o.:							
		#ACCO	UNT OF	F REC	EIPTS .	AND PA	YMENTS	}		
Tota	al receipts						•••	\$		
Tota	al payments							\$		
							Balance	\$	 	
The	balance is made	up as follows	S:-							
1.	Cash in hands of	of liquidator	•••				•••	\$		
2.	Cash in bank			•••				\$		
	Credit as per pa	ss-book	•••		\$					
	Less unpresente	ed cheques	•••		\$			- ф		
								\$	 	
3	Amounts invest	ed by liquida	tor and	not co	nverted	into casl	n	\$		
						Balance	as above	\$	 	

[#] Full details of investments made by the liquidator and of the realisation of the investments are to be given in a separate statement attached to and forming part of this account. Any profit or loss on realisation must appear in the "Account of Receipts and Payments" as a notional receipt or payment, as the case may be, with a reference to the particular investment.

Name of Company:
Unique Entity No / Registration No.:
PARTICULARS OF RATES OF DIVIDENDS AND DATES DECLARED
Dividend of in the \$, paid on

Name of creditors in alphabetical order	Amount of proof	Amount of	
(If space is insufficient, please use		Paid	Unclaimed
Continuation Sheet)			
	Total as per Previous	\$	\$
	return		
	\$		
Total			

Name of Company:	
Unique Entity No / Registration No.:	
PARTICULARS OF RATES PER SHARE OF RETURN OF SURPLUS ASSETS PAYABLE TO CONTRIBUTORIES	
Return of surplus assets to contributories at rate of per sharpaid on	re

Name of creditors in alphabetical order	Amount of proof	Amount of	dividend
(If space is insufficient, please use		Paid	Unclaimed
Continuation Sheet)			
	Total as per Previous	\$	\$
	return		
	\$		
Total			

Name of Company:
Unique Entity No / Registration No.:

STATEMENT OF THE POSITION IN THE WINDING UP

1.	The amount of the estimated assets and liabilities at the date of the commencement of the winding up	#Assets Liabilities Secured creditors Debenture-holders Unsecured creditors
2.	The total amount of the capital paid up at the date of the commencement of the winding up	Paid up in cash Issued as paid up Otherwise than for cash
3.	The general description and estimated value of outstanding assets (if any)	
4.	Total amount of unsecured debts in respect of which proofs have been admitted	
5.	Estimated amount of debts or claims remaining for proof	
6.	Details of any arrangement whereby assets of the company have been disposed of by the liquidator for a consideration other than cash	
7.	Details of any assets of the company that is not realised, and to provide reason(s) for the non-realisation	
8.	The causes which delay the completion of the winding up	
9.	The period within which the winding up may probably be completed	

[#] after deducting amounts charged to secured creditors and debenture-holders.

 $* \quad Delete \ where \ in applicable$

+ If there are no receipts or payments, delete the words within the []

If there is more than one liquidator, all liquidators must sign.

Name of Company:							
Unique Entity No / Registration No	·.:						
STATUTORY DECLARA		RIFYING LIQUIDATOR'S ACCOUNTS AND TATEMENT					
		* NRIC / Passport No					
and		* NRIC / Passport No					
the liquidator(s) of the abovenamed company do solemnly and sincerely declared that - (a) + [the account of receipts and payments set out above contains a full and true account of mour receipts and payments in the winding up of the company], from							
Declared at)	#1. Signature:					
this day)	Name of Liquidator:					
of)						
)	2. Signature:					
)	Name of Liquidator:					
Before me –							
Signature: Name of Commissioner for Oaths/							

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

NOTICE OF LIQUIDATOR'S ACCOUNTS OF RECEIPTS AND PAYMENTS AND STATEMENT OF THE POSITION IN THE WINDING UP

Name of Company:
Unique Entity No / Registration No.:
Date of commencement of winding up:
The period covered by this account is from: to
Date of lodgement of the accounts of the liquidator's receipts and payments and a statement of the position in the winding up with the Official Receiver:
Details of Liquidator(s)
Name of Liquidator:
NRIC / Passport No. of Liquidator:
Date of appointment of Liquidator:
Date of Cessation of Liquidator (where applicable):

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

STATEMENT OF AFFAIRS

Name of Company:

Unique Entity No / Registration No.:						
Statement of Assets and Liabilities as at the day of [month] [year]						
	Cost or	Estimated Realisable				
	Book Value (\$)	Value (\$)				
Current Assets [insert description of current assets]						
Total Current Assets						
Non-Current Assets						
[insert description of non-current assets]						
Total Non-Current Assets						
Total Assets						
		Amount owing (\$)				
Current Liabilities [insert description of current liabilities]						
Total Current Liabilities						
Non-Current Liabilities [insert description of non-current liabilities]						
Total Non-Current Liabilities						
Total Liabilities						
Net Assets / Liabilities						

	Cost or Book Value (\$)
Estimated Expenses of Winding Up	
[insert description of estimated expenses]	

${}^*\mathrm{I}$ / We hereby declare that the particulars contained in this Statement of Affairs are true to the best of my / our knowledge and belief.

Name of Officer: Address:	NRIC / Passport No: Position:	
ridiress.	Tostdon.	Signature & Date
Name of Officer:	NRIC / Passport No:	
Address:	Position:	
		Signature & Date
Name of Officer:	NRIC / Passport No:	_
Address:	Position:	
		Signature & Date

^{*}Delete where inapplicable

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

NOTICE OF HOLDING OF MEETING OF CREDITORS

Name of Company:	
Jnique Entity No. / Registration No.:	
*I / We,	ve
Dated this [year]	
Signature:	
Name of Liquidator	
Signature:	
Name of Liquidator	

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

PROOF OF DEBT FORM

2 Particulars of (Creditor Claiming Debt		
Name of Creditor NRIC / Passport / Postal Address (<i>P</i>	Unique Entity / Registrat	ion No.:	
Contact Nos. (Tel Fax No.: Creditor's Referen	/ HP): nce No. (<i>Please see note b</i>	E-mail Address:	
3 Particulars of I	Debt		
Date Incurred	Details of Debt (<i>Please see notes c, d, & e</i>)	Currency	Amount (\$) (Please see note f)
Total Amount of l	Debt Claimed:		
4 Particulars of I applicable)	Interest / Late Charge (P	Please indicate "NIL" if	finterest / late charge is not
Date Incurred	Details of Interest / Late Charge (<i>Please</i> see note g)	Currency	Amount (\$)
5 Security Held (Please indicate whether a	ny securities are held b	py you)
	/. · 1 1 .1 1 1	nich the security was gi	van & its value):

6 Particulars Of Persons Authorised To Complete This Proof Of Debt Form

(If same as in box 3 above, please indicate "see box 3 above")

Name: NRIC / Passport No.: Relationship to Creditor: (State whether director / employee / solicitors / accountant, etc) Name of Company / Firm: (Where applicable) Contact Nos. (Tel / HP):				
Fax No.: E-mail address:				
7 Signature of Creditor / Person Authorised To Complete This Proof Of Debt Form				
7.1 I declare that to the best of my knowledge and belief, the company owes the amount claimed in box 4.				
7.2 I declare that I am duly authorised, by the creditor / under the seal of the creditor company, to complete this proof of debt form.				
Signature://				
<u>WARNING</u> Lodging a false proof of debt is a criminal offence punishable with fine or imprisonment or both.				
Note: a. Please inform the liquidator / Official Receiver of any change in address. b. Please indicate the reference number that will be quoted in future correspondences with the liquidator. c. Example of Debts are:				
 Good Supplied - Services Rendered - GST - Others (please specify) Wages and Salaries - Personal Loan - Overdraft facilities Income Tax - Property Tax - CPF 				
 d. Please attach copies of documents substantiating the debt. The onus is upon the creditor to prove the debt. e. For claims made by an authorised person on behalf of a group of workmen and others employed by the company, please provide a schedule reflecting the name, identification / passport no., address, debt description, period of which wages are due and the amount due, for each individual workman / employee. f. Please state whether the amount claimed includes goods and services tax and if so, the amount of the tax. g. Please provide a brief description on the terms of the interest / late charge and attach copies of documents substantiating the amount. 				
For Official Use Only Adjudicated on				
Preferential \$ Ordinary \$				
Total Admitted \$				
Amount Rejected \$ Liquidator Total Amount of Debt Claimed \$				

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

NOTICE OF INTENDED DIVIDEND

Name of Company	:
Unique Entity No. / Registration No.	:
Address of Registered Office	:
Last Day for Receiving Proofs	:
Name of Liquidator	:
Address	:
Dated	:

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INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

NOTICE TO CREDITORS OF INTENTION TO DECLARE DIVIDEND

(Title)

A (a) dividend is intended to be declared in the above matter. *You are mentioned in the statement of affairs / You appear to be a creditor of the company, but you have not yet proved your proof of debt.
If you do not prove your debt by the day of
Dated this day of [month] [year]
 Liquidator
Name and address of Liquidator
To: [name of creditor]
[address of creditor]
(a) Insert here "first" or "second" or "final" or as the case may be.
*Delete where inapplicable

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

NOTICE OF REJECTION OF PROOF OF DEBT

(Title)

(Title)
Take notice that, as liquidator of the abovenamed company, I have this day rejected your clair against the company (a) (to the extent of \$\) on the following grounds: [state grounds for rejection]
And further take notice that subject to the power of the Court to extend the time, no applicatio to reverse or vary my decision in rejecting your proof will be entertained after the expiration of (b) days from this date.
Dated this day of [month] [year].
Liquidato
To Address
(a) If proof wholly rejected strike out words underlined.(b) 21 days or 7 days, as the case may be.

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

GENERAL PROXY

(Title)

I, (a)	xy to vote at
Dated this day of [month] [year].	
(Signature/ Common Seal) (d)	
(Signature) (e)	
Witness:	

NOTES

- 1. The person appointed general proxy must be either the Official Receiver or a person in the regular employ of the creditor [or contributory].
- 2. The proxy must be lodged with the liquidator not later than the time named for that purpose in the notice convening the meeting at which it is to be used.
- 3. This instrument appointing a proxy or proxies must be under the hand of the appointor or of his attorney duly authorised in writing. Where the instrument appointing a proxy or proxies is executed by a corporation, it must be executed either under its seal or under the hand of any officer or attorney duly authorised.

⁽a) If a firm writes "We" instead of "I", and set out the full name of the firm.

⁽b) Insert "Mr. or a clerk, manager, etc., in my regular employ", in which case the standing of the person appointed must be clearly set out, or "the Official Receiver in the above matter.

⁽c) "My" or "our".

⁽d) If a firm, sign the firm's trading title, and add "by A.B., a partner in the firm".

⁽e) The signature of the creditor or contributory appointing a proxy must not be attested as witness by the person nominated as proxy.

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SPECIAL PROXY

(Title)

contributory), hereby appoint (b)	
Dated this day of	[month] [year].
	(Signature/ Common Seal) (e)
Signature of witness	

NOTES

- 1. A creditor (or contributory) may give a special proxy to any specified meeting or adjournment thereof on all or any of the following matters:
 - (a) for or against the appointment or continuance in office of any specified person as liquidator or as member of the committee of inspection; and
 - (b) on all questions relating to any matter, other than those above referred to, arising at a specified meeting or adjournment thereof.
- 2. The proxy must be lodged with the Official Receiver or liquidator not later than the time named for that purpose in the notice convening the meeting at which it is to be used.
- 3. This instrument appointing a proxy or proxies must be under the hand of the appointor or of his attorney duly authorised in writing. Where the instrument appointing a proxy or proxies is executed by a corporation, it must be executed either under its seal or under the hand of any officer or attorney duly authorised.

⁽a) If a firm write "We" instead of "I", and set out the full name of the firm

⁽b) Insert either "Mr. or the Official Receiver in the above matter".

⁽c) "My" or "our".

⁽d) Insert the word "for" or the word "against", as the case may require, and specify the particular resolution.

⁽e) If a firm, sign the firm's trading title and add "by A.B., partner in the firm".

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INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

NOTICE OF DISCLAIMER UNDER SECTION 230 OF THE INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT (ACT 40 OF 2018)

(Title)

Name	Name of Company:				
Uniqu	Unique Entity No. / Registration No.:				
	I,				
No.	Description of Property Disclaimed	Address of Property Disclaimed (if applicable)	Reasons for Disclaiming		
Detai	ls of liquidator:				
Noti	ce of this disclaimer is give	n to: *Official Receiver / [name of cred [address of Official Receiver / cred			
	Dated this day of	[month]	[year].		
			Liquidator		

 $*Delete\ where\ inapplicable$

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

NOTICE OF DIVIDEND

Name of Company :

Unique Entity No. / Registration No.

Address of Registered Office :

Amount per centum :

First and Final or otherwise :

When payable :

Dated :

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

AUTHORITY TO LIQUIDATOR TO PAY DIVIDENDS TO ANOTHER PERSON

(Title)

(Title)
To the liquidator
I / We hereby authorise and request you to pay to
It is understood that this authority is to remain in force until revoked by me/us* in writing.
(Signature)
Creditor:
(Signature)
Witness:

- (a) NRIC / Passport No./ Unique Entity No./ Business Registration No.
- (b) For corporate creditors, this form is to be signed by authorised officers. Name and designation are to be indicated.

^{*}Delete where inapplicable

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

LIQUIDATOR'S TRADING ACCOUNT

Name of Company:

Unique Entity No. / Registration No.:				
		RECEIPTS		
Date	From whom received	Nature of receipts	Amount \$	
		Total		
	•		•	

PAYMENTS

Date	To whom paid	Nature of payments	Amount \$
			·
		Total	

* I / We		* NRIC / Passport No
		. * NRIC / Passport No
the liquidator(s) of the abovenamed	d company do	solemnly and sincerely declared that
in the winding up of the company], *I / we have not, nor has any other	from er person by	l and true account of my / our receipts and payments, to, +[and that] *my / our order or for my use during that period, mpany +[other than and except the items mentioned
Act (Cap. 211), and subject to the J	penalties prov	tue of the provisions of the Oaths and Declarations rided by that Act for the making of false statements ag the statements contained in this declaration to be
Declared at)	#1. Signature:
this day)	Name of Liquidator:
of)	
)	2. Signature:
)	Name of Liquidator:
Before me –		
Signature:		
Name of Commissioner for Oaths/l	Notary Public	
* Delete where inapplicable		
+ If there are no receipts or payments, de	lete the words wi	thin the []
# If there is more than one liquidator, all	liquidators must	sign.
*I / We have examined this account wit the receipts and payments are proper.	h the vouchers	and find the same correct, and we are of the opinion that
Dated this day of[month] [y	year].
		[Committee of Inspection / a member of the Committee of Inspection /
		a person nominated by the creditors]

INSOLVENCY, RESTRUCTURING AND DISSOLUTION ACT 2018 (ACT 40 OF 2018)

INSOLVENCY, RESTRUCTURING AND DISSOLUTION (VOLUNTARY WINDING UP) REGULATIONS 2020

CERTIFICATE OF RECEIPT OF MONEYS BY THE OFFICIAL RECEIVER (Title)

This is to certify that the Official Receiver has received a sum of \$ being the
unclaimed funds and undistributed assets of the abovenamed company from the appointed liquidator
of the abovenamed company on day of [month]
Dated this day of [month][year].
Official Receiver