## FORM DRS-1

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

## INSOLVENCY, RESTRUCTURING AND DISSOLUTION (DEBT REPAYMENT SCHEME) REGULATIONS 2020

## PROOF OF DEBT FORM

2 Name of Debtor

(Number)	(Year)	(NRIC No.	)
2 D. 4'. L.			
	s of Creditor Claiming Debt		
Name of Cre	ditor:		
NRIC/Passp	ort No./UEN No.:		
•			
Postal Addre	ess (see note a):		
	(T) 1(A f 1 t)		,
Contact No.	(Tel/Mobile):	Fax No.:	
E-mail Addr	ess:		
Creditor's R	eference No.:		

4 Particulars Of Claim (see note b)				
Date Debt	<b>Type of Debt</b> (See examples below)	Currency	Amount	
Incurred				
Total Amount of Debt (In Figures):				
Total Amount of Debt (In Words):				

1 DRS Number

Examples of Type of Debts: Goods Supplied Services Rendered Loan Overdraft Facilities Credit Card Facilities Hire Purchase

Income Tax Others (please specify)

5 Security Held	
State brief Description of Securities and	d if it is intended that the security will be realised in the near
future the estimated balance amount due	e:
6 Particulars of Person Authorise	ed to Complete this Proof of Debt Form
Name:	
NRIC/Passport No.:	
Name of Firm/Company:	
(eg: Solicitors/Accountants etc)	
Contact No. (Tel/Mobile):	Fax No.:
	uthorised to Complete this Proof of Debt Form
	f knowledge and belief, the debtor owes the creditor
the amount claimed in Box	
7.2 I declare that I am duly aut	thorised by the creditor/under the seal of the creditor
company (delete where app	olicable), to complete this proof of debt form.
Signature:	Date:
Signature.	Date
Note:	Court thomas in addages
<ul><li>a. Please inform the Official Assigne</li><li>b. Please attach copies of supporting</li></ul>	ee of any change in address. g documents and detailed computation of the claim. The onus
is upon the creditor to prove the de	
WADNING. Plaga note that info	
	rmation given to the Official Assignee must be true. e under section 306 of the Insolvency, Restructuring
and Dissolution Act 2018 (Act 40 of	
TOP	
	OFFICIAL USE ONLY
Debtor's Signature:	Date:
Decid Sugaranti	
FOR	OFFICIAL USE ONLY
Admitted at \$ tay of yea	<del></del> ar
	Official Assignee