**AGREEMENT ON APPLICANT CREDITOR’S COSTS & DISBURSEMENTS**

**OF BANKRUPTCY PROCEEDINGS**

To: The Official Assignee, Singapore

**BANKRUPTCY NO. :**

**NAME OF INSOLVENT PERSON :**

|  |  |  |
| --- | --- | --- |
| **PART I PROPOSAL BY APPLICANT CREDITOR** | | |
| **SERVICE OF APPLICATION**  Personal/Substituted (Posting/Advertisement) | **(A)**  **FOR BANKRUPTCY APPLICATIONS MADE ON OR AFTER**  **01 AUG 2016** | **(B)**  **FOR BANKRUPTCY APPLICATIONS MADE PRIOR TO**  **01 AUG 2016** |
| **COSTS** (Personal Service of Application)\*  (Substituted Service of Application)\*    (Service out of Jurisdiction)\* | $1,200  $1,550  $1,900 | $700  $750  $800 |
| **DISBURSEMENTS**  (Please attach a list of disbursements if the amount claimed exceeds $500.00) | $ | $ |
| **REFUND OF DEPOSIT** | $1,850 | $1,600 |
| **TOTAL** | $ | $ |

*\*Delete where applicable*

Table 1: Proposal by Applicant Creditor

Dated this day of 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of Applicant Creditor/Solicitor

Address of Applicant Creditor /Solicitor

Tel. No.

Fax No.

Ref. No.

**BANKRUPTCY NO. :**

**NAME OF INSOLVENT PERSON :**

|  |
| --- |
| **PART II PROPOSAL BY OFFICIAL ASSIGNEE** |
| We agree with your proposal on costs and disbursements in Part I. Payment will be made to you when there are sufficient funds in the bankrupt’s estate.  We propose $\_\_\_\_\_\_\_\_\_\_\_\_ as disbursements. If you disagree, please proceed to file your Bill of Costs for taxation within the next 14 days.  We disagree with your proposal on costs and disbursements in Part I. Please proceed to file your Bill of Costs for taxation within the next 14 days. |

Dated this day of 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature

for OFFICIAL ASSIGNEE

|  |
| --- |
| **PART III REPLY FROM APPLICANT CREDITOR** |
| I/We agree with your proposal on costs and disbursements in Part II.  I/We disagree with your proposal on costs and disbursements in Part II. We will file the Bill of Costs for taxation within the next 14 days. |

Dated this day of 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of Applicant Creditor /Solicitor

Address of Applicant Creditor /Solicitor

Tel. No.

Fax No.

Ref. No.