

Cyril Sapiro & Co. Ltd.
INFORMATION FOR PERSONAL BANKRUPTCY OR PROPOSAL

FAMILY (LAST) NAME (if you're known by another name, what is it?)	FIRST NAME	MIDDLE NAME(S)				
STREET ADDRESS & APARTMENT OR UNIT NUMBER	CITY, PROVINCE, AND POSTAL CODE [at this address since _____]					
SOCIAL INSURANCE NUMBER	DATE OF BIRTH _____ Month Day Year	TELEPHONE NUMBER (HOME) () _____ (WORK) () _____ (CELL) () _____ (FAX) () _____ e-mail _____				
NAME OF EMPLOYER	ADDRESS OF EMPLOYER	WHAT DO YOU DO TO EARN A LIVING?				
EMPLOYMENT STARTED (DATE)	UNEMPLOYED SINCE (DATE)					
MARRIED (DATE) _____ DIVORCED (DATE) _____ SEPARATED (DATE) _____ WIDOW/ER (DATE) _____ COMMON-LAW (DATE) _____ SINGLE (X) _____ (Specify month and year of event if it occurred in the last five years)						
LAST NAME OF YOUR SPOUSE	FIRST NAME OF YOUR SPOUSE	SPOUSE'S MIDDLE NAME(S)				
SPOUSE ADDRESS (IF NOT SAME AS ABOVE) STREET ADDRESS & APT. NUMBER	SPOUSE'S ADDRESS - CITY PROVINCE AND POSTAL CODE:					
SPOUSE'S SOCIAL INSURANCE NUMBER:	SPOUSE'S BIRTH DATE: _____ Month Day Year	SPOUSE'S PHONE NUMBER: (HOME) () _____ (WORK) () _____ (CELL) () _____ (FAX) () _____ e-mail _____				
SPOUSE'S EMPLOYER, NAME AND ADDRESS:	SPOUSE'S EMPLOYER ADDRESS	SPOUSE'S TYPE OF WORK:				
DEPENDANTS: FULL NAME (FIRST, MIDDLE, LAST NAMES):	RELATIONSHIP	BIRTHDAY (MONTH, DAY, YEAR)	ADDRESS (IF DIFFERENT)	ANNUAL INCOME:		
APPLICANT'S EDUCATION	0 – 8 Years <input type="checkbox"/>	Some High School <input type="checkbox"/>	High School Grad <input type="checkbox"/>	Some Post-Sec. <input type="checkbox"/>	Post-Sec. Certificate <input type="checkbox"/>	University Degree <input type="checkbox"/>

HAVE YOU EVER BEEN BANKRUPT OR MADE A PROPOSAL UNDER THE BANKRUPTCY AND INSOLVENCY ACT? YES ____ NO ____
IF YES:

WHAT WAS THE DATE OF FILING? _____ WHAT WAS THE DATE OF DISCHARGE? _____

WHAT IS THE NAME OF THE TRUSTEE IN BANKRUPTCY? _____

WHAT IS THE ADDRESS OF THE TRUSTEE IN BANKRUPTCY? _____

IF YOU FILED A PROPOSAL, WAS IT SUCCESSFUL? YES ____ NO ____

N. B. PROVIDE A COPY OF YOUR ORDER OF DISCHARGE.

HAVE YOU OPERATED A BUSINESS WITHIN THE LAST 5 YEARS? YES ____ NO ____

WAS THE BUSINESS A PROPRIETORSHIP? _____ PARTNERSHIP? _____ CORPORATION? _____

IF IT WAS A PARTNERSHIP, WHAT IS(ARE)(WERE) THE NAMES OF YOUR PARTNER(S)?

WHAT WAS THE FULL LEGAL NAME OF YOUR BUSINESS?

WHAT WAS THE ADDRESS OF YOUR BUSINESS?

WHAT WAS THE PRINCIPAL BUSINESS ACTIVITY?

HOW MANY YEARS DID THE BUSINESS OPERATE? _____

IS THE BUSINESS STILL OPERATING? _____ IF NOT, ON WHAT DATE DID IT STOP DOING BUSINESS? _____

IF THE BUSINESS IS NOT OPERATING, WHAT HAPPENED TO ITS ASSETS?

IF THE BUSINESS IS LOCATED IN LEASED PREMISES IN WHICH ASSETS ARE STILL LOCATED, ATTACH A COPY OF THE LEASE TO THIS FORM.

WHERE ARE THE BOOKS AND RECORDS OF THE BUSINESS AND WHO WAS YOUR ACCOUNTANT AND LAWYER?

IF YOU HAD A "BUSINESS NUMBER" FOR G.S.T OR SOURCE DEDUCTIONS WHAT WAS IT? _____

ATTACH A COPY OF THE MOST RECENT FINANCIAL STATEMENT OF THE BUSINESS TO THIS INFORMATION FORM.

IF YOU DON'T HAVE A FINANCIAL STATEMENT, EXPLAIN WHY NOT:

IF YOU SOLD THE BUSINESS IN THE LAST FIVE YEARS:

A) WHAT IS THE NAME AND ADDRESS OF THE BUYER?

B) WHAT WAS THE PURCHASE PRICE?

C) WHAT HAPPENED TO THE MONEY YOU RECEIVED FOR THE BUSINESS?

D) ATTACH A COPY OF THE AGREEMENT OF PURCHASE AND SALE TO THIS FORM.

WITHIN THE LAST 5 YEARS, HAVE YOU:	YES	NO
<p>A) SOLD, DISPOSED OF OR TRANSFERRED ANY PROPERTY? (IF MORE THAN ONE, MARK (X) HERE _____, GIVE THE ADDITIONAL INFORMATION ON ANOTHER SHEET OF PAPER, AND ATTACH IT TO THIS FORM</p> <p>IF YES, WHAT WAS THE ADDRESS OF THE PROPERTY? _____</p> <p>ON WHAT DATE DID YOU SELL THE PROPERTY? _____</p> <p>TO WHOM DID YOU SELL THE PROPERTY? _____</p> <p>HOW MUCH MONEY DID YOU RECEIVE FROM THE SALE OF THE PROPERTY? _____</p> <p>WHAT DID YOU DO WITH THE MONEY YOU RECEIVED FROM THE SALE? _____</p> <p>ATTACH THE REPORTING LETTER FROM YOUR LAWYER TO THIS FORM. IF NOT AVAILABLE, EXPLAIN WHY NOT:</p>		
<p>B) MADE ANY GIFTS IN EXCESS OF \$500 TO RELATIVES OR OTHERS?</p> <p>IF YES, GIVE DETAILS OF WHAT WAS GIVEN _____</p> <p>WHAT WAS THE DATE(S) OF THE GIFT(S) _____</p> <p>WHAT IS(ARE) THE NAME(S) AND ADDRESS(ES) OF THE RECIPIENTS OF THE GIFTS) _____</p> <p>_____</p>		
WITHIN THE LAST 12 MONTHS, HAVE YOU:	YES	NO
<p>A) DISPOSED OR TRANSFERRED ANY OF YOUR PROPERTY? IF YES:</p> <p>DESCRIBE THE ASSET (WHAT WAS IT, WHAT WAS ITS VALUE) _____</p> <p>_____</p> <p>TO WHOM DID YOU DISPOSE OR TRANSFER THE ASSET? (NAME AND ADDRESS) _____</p> <p>_____</p> <p>ON WHAT DATE DID YOU TRANSFER THE ASSET? _____</p> <p>ATTACH COPIES OF ANY DOCUMENTS SUPPORTING THE TRANSFER OF THE ASSETS.</p>		
<p>B) MADE PAYMENTS TO ANY CREDITOR IN EXCESS OF REGULAR PAYMENTS? IF YES:</p> <p>TO WHOM: _____</p> <p>HOW MUCH: _____ DATE PAID: _____</p>		
<p>HAVE ANY ASSETS BEEN SEIZED BY A CREDITOR?</p> <p>PROVIDE FULL DETAILS:</p> <p>BY WHO:(NAME & ADDRESS) _____</p> <p>WHAT WAS SEIZED: _____</p> <p>WHAT WAS IT WORTH: _____ DATE IT WAS SEIZED: _____</p> <p>BY WHAT RIGHT WAS IT SEIZED? (EG; COURT ORDER, CHATTEL MORTGAGE, ETC.) _____</p> <p>ATTACH DOCUMENTS THAT WERE SERVED ON YOU WHEN IT WAS SEIZED _____</p>		

INCOME TAX INFORMATION

If you owe tax for a business, please provide the business number: _____

PLEASE PROVIDE COPIES OF YOUR LAST THREE INCOME TAX RETURNS.

YEAR FOR WHICH LAST RETURN FILED:	AMOUNT OWING:	REFUND RECEIVED	REFUND EXPECTED:	ADDRESS SHOWN ON YOUR LAST RETURN: (IF SAME AS AT PRESENT, MARK "SAME").
		\$	\$	

IF YOU ARE PAYING ALIMONY OR SUPPORT:

(PLEASE PROVIDE THE TRUSTEE WITH A COPY OF THE COURT ORDER, JUDGMENT, SEPARATION AGREEMENT, ETC. IF APPLICABLE)

NAME OF PERSON YOU ARE PAYING:	ADDRESS:	AMOUNT YOU ARE PAYING:

ARE THERE ANY WRITS, JUDGEMENTS, GARNISHMENTS OUTSTANDING AGAINST YOU?

IF YES, PROVIDE DETAILS AND/OR COPIES OF ALL LEGAL DOCUMENTS.

LIST NAMES AND ACCOUNT NUMBERS OF ALL CREDIT CARDS YOU HAVE:

(PLACE CREDIT CARDS IN ENVELOPE AND ATTACH TO THIS FORM)

NAME:

ACCOUNT NUMBER:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DO YOU EXPECT TO RECEIVE ANY SUMS OF MONEY WHICH ARE NOT RELATED TO YOUR NORMAL INCOME, OR ANY OTHER PROPERTY WITHIN THE NEXT 12 MONTHS? (IF YES, PROVIDE DETAILS.)

HAVE YOU OBTAINED CREDIT IN THE LAST THREE MONTHS? IF YES, EXPLAIN:

HAS ANYBODY ELSE GUARANTEED ANY OF YOUR DEBTS? IF YES, PROVIDE DETAILS:

HAVE YOU GUARANTEED ANY BUSINESS OR MORTGAGE DEBTS OR THE DEBTS OF ANOTHER PERSON? IF YES, PROVIDE DETAILS:

DO YOU HAVE A SAFETY DEPOSIT BOX: YES _____ NO _____ IF YES:

BANK: ADDRESS: WHEN LAST ACCESSED:

DOES ANYBODY OWE YOU ANY MONEY? YES _____ NO _____ IF YES:

WHO OWES YOU MONEY? (NAME AND ADDRESS) _____

HOW MUCH DO THEY OWE YOU? _____ [If the amount isn't collectible, explain why]

N.B. PROVIDE DOCUMENTS PROVING THEY OWE YOU MONEY.

ARE YOU SUING ANYBODY? YES _____ NO _____ IF YES:

NAME AND ADDRESS OF YOUR LAWYER: _____

HOW MUCH ARE YOU CLAIMING: _____

WHAT IS THE REASON FOR YOUR LAWSUIT? _____

N.B. PROVIDE COURT DOCUMENTS AND CORRESPONDENCE WITH YOUR LAWYER.

WHAT ARE THE CAUSES OF YOUR FINANCIAL PROBLEMS? _____

I have provided the enclosed personal information in this "Information For Personal Bankruptcy or Proposal" form for Cyril Sapiro & Co. Ltd., Trustee in Bankruptcy. I affirm my voluntary consent and authorize Cyril Sapiro & Co. Ltd., Trustee in Bankruptcy, in its discretion, to release my personal information to creditors and other parties and their representatives who have claims against me.

SIGNATURE OF DEBTOR _____ DATE SIGNED _____

SCHEDULE A - ASSETS

NAME OF DEBTOR: _____ DATE: _____

	ASSET:	DESCRIPTION:	ESTIMATED VALUE:
1	Bank	Name of Bank: _____ Address: _____ _____ Account No. _____ Account No. _____	
2	Insurance Policies	Name of Company _____ Policy No. _____ Beneficiary _____ N.B. OBTAIN COPY OF POLICY and CASH SURRENDER VALUE	
3	Stocks, Bond, and Investments	Name of Company _____ Description of Shares or Bonds _____ Number of Shares, or Par Value of Bonds _____ ATTACH LIST IF SPACE INSUFFICIENT	
4	RRSP / RESP	Name of Trustee _____ Address of Trustee _____ _____ Description of Plan _____ Maturity date of GIC's or Term Deposits _____	

	ASSET:	DESCRIPTION:	ESTIMATED VALUE:
5	House	Address _____ _____ _____ Estimated Value of 100% _____ Name of Registered Owner(s) _____ Sole or Joint Owner, with % owned _____ % Mortgage(s): 1st Mtge Co. _____ Amt. _____ 2nd Mtge Co. _____ Amt. _____ 3rd Mtge. Co. _____ Amt. _____ Taxes Owing for (year) _____ Amt. _____ Apparent Equity _____ Insert the "Apparent Equity" in the Next Column Insured By: _____ Listed for Sale with: _____ GET COPY OF INSURANCE POLICY, MORTGAGES, TITLE DEED, LAST MORTGAGE STATEMENT AND ASSESSED VALUE FOR PROPERTY TAX PURPOSES	
6	Cottage	OBTAIN SAME INFORMATION AS FOR HOUSE, LIST ON SEPARATE SHEET ATTACHED	
7	Land Other Properties	OBTAIN SAME INFORMATION AS FOR HOUSE, LIST ON SEPARATE SHEET ATTACHED	

	ASSET:	DESCRIPTION:	ESTIMATED VALUE:
8	Automobile LEASED OR OWNED	Year and Model _____ Serial No _____ Black Book Value _____ Amount Owing to Finance Co. _____ Apparent Equity (Deficit) _____ Insert the "Apparent Equity" in the next column Name of Finance Company _____	
9	Truck (LEASED OR OWNED)	Year and Model _____ Serial No. _____ Black Book Value _____ Amount Owing to Finance Co. _____ Apparent Equity (Deficit) _____ Insert the "Apparent Equity" in the next column Name of Finance Company _____	
10	Household Furniture		
11	Personal Effects		
12	Tools of Trade		
13	Income Tax Refund		
14	Other		

