



Office of the Supervisor of Insolvency

52-60 Grenada Crescent, Kingston 5, Jamaica
(876) 929-8332, (876) 926-8847,
(876) 619-1475-6 Fax: (876) 926-9994
info.osi@micaf.gov.jm

“Overseeing your financial freedom”

CLIENT INFORMATION FORM – NATURAL PERSON

PERSONAL DETAILS

Form with fields: DATE OF INITIAL CONTACT, NAME, ADDRESS, EMAIL, TRN, TEL NO., NIS, AGE, DATE OF BIRTH, MARITAL STATUS, NO OF CHILDREN/DEPENDENTS & AGES, OCCUPATION, EMERGENCY CONTACT DETAILS, EMPLOYER, EMPLOYER'S DETAILS.

DETAILS OF LIABILITIES

SECURED CREDITORS

Table with 5 columns: CREDITORS NAME & ADDRESS, PARTICULARS OF ASSET/SECURITY, LIABILITY/AMOUNT \$, MONTHLY PAYMENTS \$, DATE INCURRED. Includes summary rows for TOTAL MONTHLY PAYMENTS and TOTAL SECURED LIABILITIES.

PREFERRED CREDITORS

Table with 5 columns: CREDITORS NAME & ADDRESS, PARTICULARS OF LIABILITY, LIABILITY/AMOUNT \$, MONTHLY PAYMENTS \$, DATE INCURRED. Includes summary rows for TOTAL MONTHLY PAYMENTS and TOTAL PREFERRED LIABILITIES.

UNSECURED CREDITORS

Table with 5 columns: CREDITORS NAME & ADDRESS, PARTICULARS OF DEBT/PURPOSE OF LOAN, LIABILITY/AMOUNT \$, MONTHLY PAYMENTS \$, DATE OF DISBURSEMENT. Includes summary rows for TOTAL MONTHLY PAYMENTS, TOTAL UNSECURED LIABILITIES, and GRAND TOTAL OF UNSECURED LIABILITIES (PREFERRED + UNSECURED).

DETAILS OF ASSETS

ASSET USED AS SECURITY					
TYPE OF ASSET	SECURITY HOLDER	DETAILS OF SECURITY (e.g. mortgage, lien etc.)	A. VALUE \$	B. LIABILITY \$	C. NET VALUE (A - B) \$
TOTAL VALUE OF ASSET USED AS SECURITY				\$	

ASSET NOT USED AS SECURITY			
TYPE OF ASSET	DESCRIPTION OF ASSET	LOCATION OF ASSET	VALUE \$
REAL PROPERTY			
MOTOR VEHICLE			
FURNITURE			
MACHINERY & EQUIPMENT			
LIFE INSURANCE			
STOCK & BONDS			
CASH IN BANK			
OTHER			
TOTAL VALUE OF ASSETS NOT USED AS SECURITY			\$

MONTHLY INCOME	
Basic Salary (BS)\$	Statutory Deductions (SD):\$
Gross Salary (GS=BS+OI)\$	Other Deductions (OD):\$
	Loan Deductions (LD)\$
	Total Deductions (TD) = (SD+OD+LD):\$
Net Salary (NS) = (GS-TD):\$	Other Income (OI):\$
Available Income to cover monthly expenses (AI) = (NS+OI):\$	

MONTHLY EXPENSES				
TYPE OF EXPENSE	AMOUNT			
MORTGAGE/RENT				
UTILITIES	Light:\$	Cable:\$	Water: \$	Tel.:\$
TRAVELLING				
GROCERIES/FOOD				
OTHERS				
TOTAL	\$			

SUMMARY OF FINANCIAL POSITION	
LIABILITIES	ASSETS
Total secured liabilities \$	Net value of assets used as security \$
Total unsecured liabilities \$	Value of assets not used as security \$
Amount of liabilities to be paid \$	Value of disposable assets \$
Deficit \$	Surplus \$

BRIEF SUMMARY OF CIRCUMSTANCES LEADING TO INSOLVENCY

CLIENT'S MEANS/PROPOSAL TO SETTLE LIABILITES

***Please note that copies of all documents submitted will form part of our files, and clients will only be entitled to the return of originals. The information provided in this form will be subject to investigation to verify its content. By signing the form you have authorized the OSI to carry out the necessary checks to verify the information herein.**

Name:

Signature:

Date: