"Overseeing your financial freedom"
An External Department of the
Ministry of Industry, Investment and Commerce

Office of the Supervisor of Insolvency
THE REIT Building, 2nd Floor,
52-60 Grenada Crescent, Kingston 5
(876) 619-8046
info.osi@miic.gov.jm

AIO-F-001

APPLICATION FOR ASSESSMENT - CLIENT INFORMATION FORM

SECTION 1 - DETAILS OF INSOLVENT

TO BE COMPLETED IF APPLICANT IS AN INDIVIDUAL

DATE APPLICATION FORM SUBMITTED:		DATE OF FULL SUBMISSION: (internal use only)	
NAME:			
ADDRESS:			
EMAIL:		TEL:	TRN:
DATE OF BIRTH:		MARITAL STATUS:	
CHILDREN/DEPENDENTS:	NO:	AGE(S):	
OCCUPATION:			
EMPLOYER'S DETAILS:	Name: Address:	Email: Tel. No.:	
EMERGENCY CONTACT DETAILS:	Name: Relationship to Applicant:	Address: Email: Tel. No.:	

TO BE COMPLETED IF APPLICANT IS A BUSINESS NAME

BUSINESS NAME:		
ADDRESS OF BUSINESS		
EMAIL & TELEPHONE NO.		
BUSINESS REGISTRATION NO.		DATE OF REGISTRATION:
CORE BUSINESS		

TO BE COMPLETED IF APPLICANT IS A REGISTERED COMPANY

COMPANY NAME			
REGISTERED ADDRESS			
EMAIL & TELEPHONE NO.			
TRN/ COMPANY NO.		TYPE OF COMPANY :	
DATE OF INCORPORATION			
CORE BUSINESS			
ANNUAL TURNOVER (total income earned annually)	$	NO. OF EMPLOYEES:	NO. OF SHARES:

DIRECTORS (Form 1A, Articles of Association)

Name	Address	Date Appointed	Email	Contact No.

SECTION 2 - DETAILS OF LIABILITIES

SECURED CREDITORS

NAME & ADDRESS	PARTICULARS OF ASSET/SECURITY	AMOUNT OWED $	MONTHLY PAYMENT REQUIRED/AGREED $	DATE OF LOAN/ DEBT
TOTAL SECURED LIABILITIES		$		

PREFERRED CREDITORS

NAME & ADDRESS	PARTICULARS OF LIABILITY	AMOUNT OWED $	MONTHLY PAYMENT REQUIRED/AGREED $	DATE OF LOAN/ DEBT

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TOTAL PREFERRED LIABILITIES		$		

UNSECURED CREDITORS

NAME & ADDRESS	PARTICULARS OF DEBT/ PURPOSE OF LOAN	AMOUNT OWED $	MONTHLY PAYMENT REQUIRED/AGREED $	DATE OF LOAN/ DEBT
TOTAL MONTHLY PAYMENTS REQUIRED/AGREED			$	
TOTAL UNSECURED LIABILITIES		$		
GRAND TOTAL OF UNSECURED (PREFERRED + UNSECURED)		$		

SECTION 3 – DETAILS OF ASSETS

ASSET USED AS SECURITY WITH OUTSTANDING LIABILITY

SECURITY HOLDER	DETAILS OF SECURITY (mortgage, lien etc.)	VALUE (V) $	LIABILITY (L) $	NET VALUE (V-L) $
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:			
STOCKS & BONDS:			
CASH IN BANK:			
OTHER:			
TOTAL VALUE OF ASSET NOT USED AS SECURITY			$

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SECTION 4 – DETAILS OF MONTHLY INCOME AND DEDUCTIONS

INCOME	DEDUCTIONS
BASIC SALARY (BS): $	STATUTORY DEDUCTIONS (SD):$
ALLOWANCES (A): $	OTHER DEDUCTIONS (OD):$
OTHER INCOME (OI): $	LOAN DEDUCTIONS (LD):$
GROSS SALARY (GS=BS+A+OI): $	OTHER PAYMENTS (OP) (standing order/direct payments etc.):$
NET INCOME (NI=GS-TD): $	TOTAL DEDUCTIONS (TD) = (SD+OD+LD+OP):$
Surplus/Deficit Available after Payment of Monthly Loan Obligations & Expenses: $	

SECTION 5 – DETAILS OF MONTHLY EXPENSES

HOUSING	Mortgage: $		Rent: $	
UTILITIES	Light:$	Cable:$	Water: $	Tel.:$
LIVING EXPENSES	Grocery:$	Medical:$	Travelling:$	
MAINTENANCE	Court Order:$		Children:$	
MISCELLANEOUS EXPENSES				
TOTAL MONTHLY EXPENSES: $				

SECTION 6 – 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: $

SECTION 7 – BRIEF SUMMARY OF CIRCUMSTANCES LEADING TO INSOLVENCY

SECTION 8 – APPLICANT'S MEANS/PROPOSAL TO SETTLE LIABILITIES

SECTION 9 – REPORT OF TRUSTEE'S RESPONSE TO REQUEST TO ACT

Name: _____ Signature: _____ Date: _____

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 validate its accuracy. By signing the form, you have authorized the OSI to carry out the necessary checks to verify the information herein.

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FOR OFFICIAL/INTERNAL USE ONLY		
NOTES, COMMENTS AND RECOMMENDATIONS OF COMPLIANCE & ACCOUNTING OFFICER (CAO):		
Pay Slip Analysis & Payment to Creditors etc.		
Signature:		***Date:***
NOTES, COMMENTS AND RECOMMENDATIONS OF LICENSING & COMPLIANCE OFFICER (LCO):		
Assessment of the applicant/cause of insolvency:		
General Comments:		
Findings (Applicant Status):	☐ ***Solvent*** ☐ ***Imminent Insolvent***	☐ ***Insolvent***
Recommendation on Trustee Appointment:		
Signature:		***Date:***
NOTES, COMMENTS AND RECOMMENDATIONS OF DEPUTY SUPERVISOR OF INSOLVENCY (DSOI):		
Signature:		***Date:***
SUPERVISOR OF INSOLVENCY (SOI) DECISION:		
☐ ***Approved***	☐ ***Approved subject to conditions***	☐ ***Not approved***
Conditions/Reasons:		
Signature:		***Date:***

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