

RETENTION OF TITLE QUESTIONNAIRE

Please fax to: 09 443 0537 or post to: PO Box 301890, Albany, Auckland 0752
Email Address: insolvency@rescorporate.co.nz



NAME OF COMPANY IN LIQUIDATION / RECEIVERSHIP / ADMINISTRATION

NAME AND CONTACT DETAILS OF CREDITOR IN FULL

NAME OF CREDITOR:		
POSTAL ADDRESS:		
	REFERENCE:	
TELEPHONE:	FAX NUMBER:	
EMAIL*:	GST NUMBER:	

*this will be used as your address for correspondence unless you tick this box I do not want email communication

I (insert name)

(if claim is made on behalf of creditor, specify relationship to creditor and authority)

Make the following statements;

1. Please supply copies of the following documents which relate to the supply of the goods subject to your claim:
 - (a) The written order(s)
 - (b) Acknowledgement of order(s)
 - (c) Signed delivery note(s)
 - (d) Invoice(s)
 - (e) Credit notes (if any)
 - (f) If the order(s) were not made in writing, please specify how they were made, by whom and on what date(s)
2. Please supply a copy of your standard terms and conditions of sale, and identify the clause(s) dealing with reservation of title
3. Please state how and when your standard conditions of sale were brought to the company's attention.

4. Please provide evidence of acceptance of your terms and conditions by the company.

5. Please provide details of the goods to which you claim to have reserved title, including serial numbers or other means of identification. (If you wish to attend the company's premises to do this please telephone this office, 09 377 3099 beforehand, to make an appointment)

6. Please provide details of how you can specifically identify goods as having been supplied by you, and also whether (and if so, how) you can distinguish those that have been paid for from those which have not.

7. Have the goods you claim been changed or incorporated into others? If so what goods are involved and how have they been changed or incorporated?

SIGNED:

DATE:

RESERVED FOR OFFICE USE ONLY