

**ENGAGEMENT FORM**  
Insolvency Matter

CLIENT NAME \_\_\_\_\_

A.C.N. (if Company) \_\_\_\_\_ A.B.N \_\_\_\_\_

TELEPHONE No \_\_\_\_\_ FAX No \_\_\_\_\_ MOBILE No \_\_\_\_\_

CLIENT CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_

CLIENT EMAIL \_\_\_\_\_

**INSTRUCTIONS****Please undertake the following Insolvency Matter in accordance with the Retainer Agreement**

Please specify the type of Insolvency Matter:

**CORPORATE**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Members Voluntary Liquidation   | <input type="checkbox"/> Court Appointment of Provisional Liquidator | <input type="checkbox"/> Appointment of Controllers/Receivers |
| <input type="checkbox"/> Creditors Voluntary Liquidation | <input type="checkbox"/> Court Appointment of Liquidator             | <input type="checkbox"/> Appointment of Administrators        |
| <input type="checkbox"/> Deed of Company Arrangement     | <input type="checkbox"/> Liaison with Liquidators                    | <input type="checkbox"/> Other Corporate Insolvency Work      |

**BANKRUPTCY**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Debtors Petition                      | <input type="checkbox"/> Part IX Personal Debt Agreement | <input type="checkbox"/> Part X Personal Debt Agreement |
| <input type="checkbox"/> Section 73 Composition & Arrangements | <input type="checkbox"/> Liaison with Trustees           | <input type="checkbox"/> Other Bankruptcy Work          |

Full Name of Person / Company requiring Insolvency assistance if not Client set out above \_\_\_\_\_

Bankruptcy Estate No \_\_\_\_\_

\_\_\_\_\_  
SIGNED - CLIENT\_\_\_\_\_  
PRINT NAME\_\_\_\_\_  
DATE\_\_\_\_\_  
CLIENT LIAISON OFFICER\_\_\_\_\_  
CLO MOBILE TELEPHONE