REQUISITION

Stowell
Estate Administration Trust No. IT 1574/96

RE: _____ (ESTATE NAME)

ID/REG NUMBER _____ ("the Debtor")

1. I understand that an application has been/is to be made to the High Court for an order for the **liquidation/ sequestration/voluntary surrender** of the estate of the Debtor and for the placing of the Debtor in **provisional liquidation / sequestration.**
2. I declare that **_____ ("the Creditor")** is a creditor of the Debtor.
3. In my opinion it is in the interest of the creditors of the Debtor that a **provisional trustee/liquidator** be appointed in the estate of the Debtor (i) to locate and take under his/her control all assets of the Debtor and to investigate the whereabouts of assets, if necessary and (ii) to continue the business and trading activities of the Debtor, if necessary, until such time as directions can be obtained from creditors or the Master or the Court.
4. I hereby nominate **_____ (LIQUIDATOR NAME)** from Messrs. Stowell Estate Administration Trust, P O Box 33, Pietermaritzburg (3200); Tel:(033) 845 0500 **Fax: 033 342 2976** for appointment as the **provisional trustee/liquidator** and request you to make the necessary appointment. The creditor intends proving a claim and voting for the final appointment of the aforementioned person at the First Meeting of Creditors in this estate.
5. I declare that the Creditor is not a person disqualified, in terms of the provisions of Sections 52 and 53 of the Insolvency Act and Section 365(2)(a) of the Companies Act, from voting for the appointment of the aforesaid person as **trustee/liquidator**. As far as I am aware the nominated person is not disqualified from the aforesaid appointment by virtue of the provisions of Section 55 of the Insolvency Act or Section 372 of the Companies Act.
6. I further declare that I have satisfied myself that the amount reflected herein as owing by the Debtor to the Creditor is, to the best of my knowledge and belief, true and correct.

7.1 NAME OF CREDITOR: _____

7.2 ADDRESS OF CREDITOR: _____

7.3 TELEPHONE NUMBER OF CREDITOR: _____

8. AMOUNT OF THE LIQUIDATED CLAIM: R_____

9. AMOUNT IN WORDS: _____

10. CAUSE OF ACTION: The amount owing by the Debtor to the Creditor is in respect of: (Please select the box)

	1. Monies loaned and advanced		5. Remuneration (salary, leave, severance)
	2. Goods sold & delivered		6. Quantified damages (specify)
	3. Services rendered		7. Other (specify)
	4. Surety / Co-principle debtor		

_____ _____

PRINTED NAME **CAPACITY**

_____ _____

SIGNATURE **DATE**

Official stamp Company /Business/Close Corporation / Financial Institution

NOTES :

In the case of a Company or Close Corporation, this form must be signed by the Manager / Director / Member or otherwise by a person duly authorised thereto in terms of a resolution, a copy of which must be attached. In the case of a partnership, a partner must sign. In the case of a Financial Institution the Manager or any authorised person may sign and a copy of a resolution must be attached. If signed under Power of Attorney, the original or a copy thereof must be attached.