

Statement of Assets and Liabilities

Name

Assets

Cash at Bank

Bank	Value
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Property

Name of Owner

Address of Property	Value
<input type="text"/>	<input type="text"/>

Name of Owner

Address of Property	Value
<input type="text"/>	<input type="text"/>

Motor Vehicles

Make, Model & Year

	Value
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Investments

Details

	Value
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Plant and Machinery

Details

	Value
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Livestock and Produce

Details

	Value
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total Assets

Liabilities

Overdraft

Lender	Limit	Amount Owning
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mortgage

Lender

Amount Owning	Monthly Repayment
<input type="text"/>	<input type="text"/>

Lender

Amount Owning	Monthly Repayment
<input type="text"/>	<input type="text"/>

Personal Loan, Lease, Hire Purchase

Lender Amount Owning Monthly Repayment

Lender	Amount Owning	Monthly Repayment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Card

Lender Limit Monthly Repayment

Lender	Limit	Monthly Repayment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Debts

Details

	Value
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total Liabilities

Surplus/Deficiency

I/we confirm that the information provided is true and correct

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>