Application for Review of Trustee Remuneration

Australian Government
Insolvency and Trustee Service Australia

I am the (tick one):

☐ Bankrupt ☐ Debtor under personal insolvency agreement ☐ Creditor

Note: Creditor applicants are required to complete all sections of this form.
Bankrupt or debtors under a personal insolvency agreement are only required to complete pages 1 and 3.

Administration Details

Debtor Name

Title | Given Name/s | Surname

Title | Given Name/s | Surname

Trading name

Administration Number | Date of Administration (DD/MM/YYYY)

If you are the bankrupt/debtor provide your current postal address and contact information

Postal Address | Postcode

Contact Number | Fax Number | Email Address

Trustee Details

Trustee Name

Title | Given Name/s | Surname

Business Address

Residential Address (line 2) | Postcode

Contact Number | Mobile Number | Email Address

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Proof of Debt (only fill out this page if you are a creditor)

If you have lodged a proof of debt form with the trustee has the trustee admitted your proof of debt?

☐ Yes ☐ No ☐ Proof of debt form not lodged yet

Please attach a copy of your proof of debt if available. If not available or not yet lodged please complete the following details and attach evidence of your debt such as judgments, invoices, contracts, statements of account etc.

Creditor Details

Creditor Name

Postal Address

Postcode

Creditor Reference

Creditor ABN

Contact Information

Name

Contact Number

Fax Number

Email Address

Do you hold any security? No ☐ Yes ☐ Estimated value of security

Description of security property

Have you obtained a judgment? No ☐ Yes ☐ Judgment amount & costs

Was this a default judgment? No ☐ Yes ☐ Judgment number & court

Details of Debt/s Owed to Creditor

Date debt/s incurred	**Details of debt/description**	**GST**	**Total amount** (incl of GST)
	Less: Payments received in reduction of debts		
	Less: Estimated value of security		
	Amount claimed		

Application for Review of Remuneration continued over page ....

ISSUE/S CAUSING YOU TO SEEK REVIEW

On what date did you receive the Remuneration Claim Notice? (attach a copy)

Please specify the issue/s causing you to seek a review. Indicate in your response whether you dispute the whole claim or only part of the claim and why you dispute it. Note: comments such as "*Remuneration is excessive*" are not considered sufficient.

Have you sought to resolve the dispute with the trustee?

Yes ☐ please provide details of your attempts to resolve the matter attaching copies of any correspondence to the trustee and any details of mediation/alternative dispute resolution.

No ☐ Is there a reason you have not attempted to resolve the dispute? Please provide details.

Signature of Applicant

Name	Signature	Date (DD/MM/YYYY)