

**THE COMPANIES ACT  
(CHAPTER 50)  
SECTION 270(1)  
STATEMENT OF AFFAIRS**

**FORM  
61A**

Name of Company : ..... Co. No: .....

Statement of Assets and Liabilities as at the ..... day of .....I .....

	Re: Sch	Cost or 'Book Value*		Estimated Realisable Value	
		S\$	Cts	S\$	Cts
<b>1 ASSETS NOT CHARGED</b>					
(a) Real Estates	A				
(b) Sundry Debtors (including Loan Debtors)	B				
(c) Cash in Hand	C				
(d) Cash at Bank	C				
(e) Stocks/Plant & Equipment/Furniture & Fittings	C				
(f) Pagers & Phones/Vehicles/Vessels/Planes	C				
(g) Other Assets (Deposits, Investments, etc)	D				
<b>2 ASSETS SUBJECT TO CHARGES</b>	E				
<b>3 CONTINGENT ASSETS</b>	F				
<b>4 UNPAID ISSUED SHARE CAPITAL</b>	G				
<b>TOTAL ESTIMATED REALISABLE ASSETS</b>					
<b>LESS:</b>					
<b>5 PREFERENTIAL CLAIMS EXCLUDING TAX</b>	H				
<b>6 PREFERENTIAL TAX CLAIMS</b>	I				
<b>7 CLAIMS SECURED BY CHARGES</b>	J				
<b>8 UNSECURED CLAIMS</b>	K				
<b>9 CONTINGENT CLAIMS</b>	L				
<b>TOTAL LIABILITIES</b>					
<b>ESTIMATED * DEFICIT/SURPLUS</b>					
(Subject to costs of administration/liquidation)					

**STATEMENT OF THE CAUSE(S) OF WINDING-UP**

The company has been wound up for the following reasons(s) :

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Business Failure                | <input type="checkbox"/> Bad Management             | <input type="checkbox"/> Cash Flow Problem                |
| <input type="checkbox"/> Depression / Economic Recession | <input type="checkbox"/> Inability to Collect Debts | <input type="checkbox"/> Insolvency of Affiliated Company |
| <input type="checkbox"/> High Overheads                  | <input type="checkbox"/> Poor Sales                 | <input type="checkbox"/> Others (Please specify details)  |

DETAILS

\* I/We hereby certify, make oath/affirm and say that the particulars contained in this Statement of Affairs are true to the best of my/our knowledge and belief.

Name of Officer : .....	Signature & Date	Sworn / Affirmed at
NRIC/ Passport No: ..... Position : .....		..... this .....
Address: .....		day of .....
Name of Officer : .....	Signature & Date	Before me
NRIC/ Passport No: ..... Position : .....		
Address: .....		
Name of Officer : .....	Signature & Date	.....
NRIC/ Passport No: ..... Position : .....		
Address: .....		

• Delete where applicable

**NOTE: PLEASE REFER TO THE EXPLANATORY NOTES FOR GUIDANCE IN COMPLETING THE STATEMENT OF AFFAIRS**