

**D. MANNING & ASSOCIATES INC.
LICENSED INSOLVENCY TRUSTEE**

APPLICATION FORM

Please complete this form and the “DMA Application Supplement” spreadsheet to the best of your ability. Email to morris.choo@manning-trustee.com

How did you hear about our firm? _____

PERSONAL DATA

- Family Name: _____ Given Name: _____
- Are you known by any other names? _____
- Date of Birth: _____
- Social Insurance Number: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
 - Since When? _____
 - Mailing Address, if different: _____
- Are you a Canadian Citizen? Yes No

EMPLOYMENT

- Occupation: _____
- Name of Present Employer: _____
- Address of Present Employer: _____
- Employed since (year and month): _____
- Last Date of Employment: _____
- Your Highest Level of Education: _____

MARITAL STATUS

- Marital Status: _____

IF you are married or in a common-law relationship, please fill in the information below:

- Date of marriage or commencement of common-law relationship: _____
- Spouse’s Name: _____
- Spouse’s Address, if different: _____
- Spouse’s Occupation: _____
- Spouse’s Date of Birth: _____
- Spouse’s Social Insurance Number: _____

IF separated, divorced or widowed, please provide date: _____

Number of dependents who rely on you for financial support and their details:

Name	Relationship	Date of Birth	Address

PAST INSOLVENCIES

Have you been bankrupt before or made a Proposal to your creditors? Yes No

IF YES, please answer the following questions:

- Name of Trustee _____
- Date of Bankruptcy/Proposal _____
- Place Assignment/Proposal Filed _____
- Date of Discharge/Certificate of Full Performance _____
- Type of Discharge (Absolute, Conditional, Suspended) _____

BUSINESSES

Have you owned or had an interest in a business in the last 5 years? Yes No

IF YES, please answer the following questions:

- Type of Business: _____ Nature of Business: _____
- Business Name: _____
- Business Address: _____
- Has the business ceased operations? Yes No
- Since when? _____
- What percentage of your debts are directly related to your business? _____
- Business Number: _____
- Are GST/HST Filings up to date? Yes No
- Do you owe Source Deductions? Yes No
 - For what period do you owe and how much money is owed? _____
- Last date workers were employed: _____
- Number of employees employed within the last 12 months: _____
- Last calendar year for which T4's were filed: _____
- Location of Books and Records: _____
- Name and address of the Directors:

Name	Address

If you were involved in more than one business, please complete a separate page for each business

RECENT TRANSACTIONS

1. Have you disposed or transferred any of your assets in the past twelve months, including withdrawals of investments? (ie. RRSP's, RESP's, TFSA's, stocks, mutual funds).
2. Have you made payments in excess of regular payments to a creditor in the past twelve months?
3. Have you had any assets seized by any creditor, or wages garnished, within the past twelve months?
4. Within the past five years, have you sold or transferred any real estate?
5. Within the past five years, have you made any gifts in excess of \$500?
6. Have you made any arrangements to continue to pay any of your creditors?
7. Do you expect to receive extra sums of money in the next 12 months?

IF YES to any of the above questions, please explain:

BACKGROUND

Describe what, in your opinion, caused your current financial problem.

SUPPLEMENTARY PERSONAL DATA

1. Are you involved in civil litigation?
2. Do you expect to receive an inheritance?
3. Are there any writs, judgments or criminal charges outstanding against you at this time?
4. Have you had any property or money seized or garnished?
5. Have you signed a wage assignment or given any post-dated cheques?
6. Are you or have you been involved in any matrimonial dispute which restricts your ability to deal with your assets?

IF YES to any of the above questions, please explain:

Do you bank with a financial institution to which you owe money? Yes No

For which year did you file your last income tax return: _____

If you have any credit cards, please provide Card Name and Card Number:

If you have an RRSP, please provide Plan Name, Plan Number, and Estimated Value.