Form No. 23A r. 44A

THE INSOLVENCY ACT	
IN THE HIGH COURT OF KENYA	
THE INSOLVENCY ACT	
APPLICATION FOR VOLUNTARY ARRANGEMENT (NATURAL P	ERSON)
(Section 304 of the Insolvency Act)	

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1.	PE	PERSONAL INFORMATION OF APPLICANT DEBTOR						
	A.	Full Names (as they appear on your National ID):						
	B.	Preferred Title (Mr./Mrs./Miss/Ms./Other):	Nationality:					
	C.	Gender:	I. D. Number:					
	D.	Date of Birth:	K. R. A PIN Number:					
	E.	Address:	Postcode:					
		County:	Country:					
		Email:	Tel:					
	F.	(i) Occupation (bankrupt/debtor):(ii) If employed, Name and address of present employer:						
		Address:	Postcode:					
		County:	Country:					
		Email:	Tel:					
2.	PR	OPOSAL DETAILS						
A.	. I propose to repay the full amount of my debts <u>OR</u> I propose to repay (state the amount you propose if different from the full amount) in the shilling as full and final payment of my debts in installments.							
В.		ase enter the proposed amount of money you wish to repay in eac	ch instalment. Kshs.					

C.	C. Please select the proposed frequency of each instalment: Weekly / Monthly / Quarterly							
D.		you propose to sell any asse ets that you would propose to			ement? If yes, Please describe any ngement:			
Asset description Estimated re			Estimated resal	e value	Amount owed on asset			
(U	se se	parate sheet)			<u> </u>			
E.	Ha	ve any of your debts been gu	aranteed by any p	erson? If yes, plea	se list the debts and the name and			
	adc	lress of the guarantor in the b	oox below:					
Asset				Guarantor name and address:				
(U	se se	parate sheet)						
3.	AD	DITIONAL COMMENTS						
Ar spe	rang ecify	gements last for 12 months. here.	If you propose to	o repay your deb	ts in less than 12 months, please to up to an additional 12 months,			
		specify here and state your re		•	•			
4.	VC	DLUNTARY SUPERVISOR	R SELECTION					
	A.	Name of Proposed Supervis	or:					
*Ir		*IPL number: vency Practitioner License Nu	ımber					
	C.	Address:			Postcode:			
		County:			Country:			
		Email:			Tel:			
	D.	If for any reason you do not	intend to nominat	e a supervisor, ple	ease provide your reasons below:			
5.		CCLARATION		- •				

a. The information provided by me in this application is true, and I have disclosed here all and every facts and circumstances which are material to consideration of my application. I understand that any false, inaccurate or misleading information provided by me may lead to a refusal of my application, or disciplinary action in relation to, and withdrawal of my application for a Voluntary Arrangement.

- b. I will immediately notify the office of the Official Receiver and my Supervisor of any material change in the information provided by me here, whether it arises before or after my admission for a Voluntary Arrangement.
- c. I attach a copy of my statement of affairs, written consent of the proposed Supervisor and any other relevant documents prescribed by the Official Receiver, the Insolvency Act and Regulations together with this application.

d. I request that a Voluntary Arrangemen	τ σε	e made	on	tne	above	terms.
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Dated this	day of	20
	Applicant Debtor	

NOTE:

A Voluntary Arrangement is a legally binding arrangement made by an order of the Court that governs how and to what extent you will repay your debts over a period of up to 12 months. The information provided in this section will form the basis of any Order that is made by the Court. You need to specify in this section of your application the amount and frequency of the repayments you are proposing, and details of any of your assets that you are proposing be sold towards meeting your debts. If you intend to repay your debts in less than 12 months, please specify this in the Comments box, or alternatively if you wish to apply for a longer period (24 months) then you must give reasons for this proposed extension.

N.B./ To be accompanied with Form 10, Form 11 and Form 4