INVENTORY IN TERMS OF SECTION 19 OF THE INSOLVENCY ACT NO. 24 OF 1936

MASTER'S REF. NO. SEQ. _____ CASE NO: _____

1. **FULL NAME:** _____

1.1) IDENTITY NUMBER: _____ DATE OF BIRTH: _____

1.2) MARRIED/SINGLE:_____

1.3) WITH/WITHOUT ANTENUPTIAL CONTRACT: _____

1.4) ANTENUPTIAL CONTRACT NO: _____

1.5) NAME OF SPOUSE: _____

1.6) SPOUSE'S IDENTITY NO: _____

2. INSURANCE POLICIES

2.1) POLICY NUMBER: _____

2.2) INSURANCE COMPANY: _____

2.3) POLICY NUMBER: _____

2.4) INSURANCE COMPANY: _____

3. NAME OF BUSINESS / COMPANY: _____

3.1) BANKERS NAME AND ADDRESS: _____

3.2) BOOKKEEPERS NAME AND ADDRESS: _____

3.3) ADDRESS OF REGISTERED OFFICE: _____

DETAILED INFORMATION REQUIRED FROM 3.4. TO 5.5.

3.4) DETAILED LIST OF BOOKS OF ACCOUNT AND LOCATION

_____
_____
_____
_____
_____
_____
_____
_____

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED BY ME (THE RESPONDENT) TO MY KNOWLEDGE IS TRUE AND CORRECT. I FULLY UNDERSTAND THE LEGAL IMPLICATIONS, SHOULD I PROVIDE FALSE INFORMATION TO THE SHERIFF OF THE COURT.

SIGN RESPONDENT_____ SIGN DEPUTY_____ DATE_____

4. IMMOVABLE PROPERTY

4.1) PHYSICAL ADDRESS PROPERTY 1:

_____

_____

_____

_____

4.2) BONDHOLDERS NAME AND ADDRESS: _____

_____

_____

_____

4.3) PHYSICAL ADDRESS PROPERTY 2:

_____

_____

_____

_____

4.4) BONDHOLDERS NAME AND ADDRESS: _____

_____

_____

_____

4.5) PHYSICAL ADDRESS PROPERTY 3:

_____

_____

_____

_____

4.6) BONDHOLDERS NAME AND ADDRESS: _____

_____

_____

_____

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SIGN RESPONDENT_____ SIGN DEPUTY_____ DATE_____

5. MOVABLE PROPERTY

5.1) **FURNITURE / HOUSEHOLD / ELECTRICAL APPLIANCE:** Deputy to list all items of household furniture and household utensils at the insolvent residence as well as detailed list of electrical appliances eg. Stove, fridge, DVD player, television etc

INVENTORY

QTY	ITEMS

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SIGN RESPONDENT_____ SIGN DEPUTY_____ DATE_____

5.2) **PERSONAL PROPERTY / FIREARMS**: Eg. Photographic Equipment, Jewellery, Sports Equipment, etc. Kindly supply detailed list of Personal Property. Make/Model, Serial Number, Calibre of firearm.

INVENTORY

QTY	ITEMS

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SIGN RESPONDENT_____ SIGN DEPUTY_____ DATE_____

5.3) **MOTOR VEHICLE / MOTOR CYCLE / CARAVAN**: Please furnish the following relevant information
REGISTRATION NUMBER and MAKE & MODEL
IF FINANCED, NOTE DETAILS OF THE RELEVANT DOCUMENTS.

INVENTORY

QTY	ITEMS

DATED
AT.....ON.....

TO: ATTORNEY..... **SHERIFF.....**

..... **SHERIFF MAGISTRATE/HIGH COURT**

..... **DURBAN NORTH**

AND TO: RESPONDENT **P.O. BOX 47407, GREYVILLE, DURBAN, 4023**

..... **TEL: (031) 309 7062 FAX: (031) 309 7369**

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SIGN RESPONDENT_____ SIGN DEPUTY_____ DATE_____