

# Proof of debt - general form

In the matter of **Welcome Financial Services Limited**

Company number: 00133540

**Date of commencement of creditors' voluntary liquidation: 16 December 2019**

1	Name of creditor (if a company please also give company registration number; if a customer please also provide your customer number).	You MUST insert the name of the creditor here. IF the creditor is a company or limited liability partnership, insert the full legal entity name and the company registered number. IF you are an individual (e.g. a former employee or customer), insert your name.						
2	Address of creditor for correspondence	You MUST insert the address of the creditor here. IF the creditor is a company or limited liability partnership, insert the normal address for correspondence. IF you are an individual (e.g. a former employee or customer), insert your address.						
3	Email address	Please provide an email address that can be used for any correspondence.						
4	Total amount of claim, including any VAT and outstanding uncapitalised interest as at the date the company went into liquidation	Enter the total amount owed to you as at the appointment date, including the currency. You must include any VAT and uncapitalised interest. Uncapitalised interest is any interest due on your debt up to the date of insolvency which is not principal debt. You can only claim interest if you are entitled to it under a written contract or legal agreement, or if you demanded it in writing prior to the date of insolvency and made it clear that interest would be charged from the date of the demand.						
5	If the total amount shown in 4 above includes outstanding uncapitalised interest, please state amount	<b>OR: Leave blank if you wish the company to calculate your claim for you.</b>  Confirm the amount of any uncapitalised interest where this has been included in Box 4 above.						
6	Particulars of how and when debt incurred. (If you need more space append a continuation sheet to this form)	Please provide details such as goods or services provided but not paid for, or the basis of redress sought that gives rise to the amount of your claim.						
7	Particulars of any security held, the value of the security, and the date it was given	If you believe you have any security, enter your estimate of the value of the security you hold i.e. mortgages or charged assets. Also confirm the date of the security.						
8	Particulars of any reservation of title claimed, including details of goods supplied, their value and when supplied	If you believe there are retention of title rights in relation to this claim, enter your estimate of the value of the goods covered by retention of title.						
9	Details of any documents by reference to which the debt can be substantiated. Please attach copies of these documents to this form. [Note: the liquidator may call for any document or evidence to substantiate the claim at his/her discretion]	Please provide details of any documents which support your claim eg. sales invoices, delivery notes, loan agreements etc. Please also provide copies of documentation where requested by the liquidator.						
10	Bank account details for receipt of any dividend from the liquidation	<table border="1"> <tr> <td data-bbox="518 1373 853 1451">Account Name:</td> <td data-bbox="853 1373 1583 1451" rowspan="5">Please provide your bank account details so that the liquidator(s) can pay any dividend direct into your bank account.</td> </tr> <tr> <td data-bbox="518 1451 853 1507">Account No:</td> </tr> <tr> <td data-bbox="518 1507 853 1563">Sort Code:</td> </tr> <tr> <td data-bbox="518 1563 853 1641">Name of Bank or Building Society:</td> </tr> <tr> <td data-bbox="518 1641 853 1742">Building Society Roll Number (if applicable):</td> </tr> </table>	Account Name:	Please provide your bank account details so that the liquidator(s) can pay any dividend direct into your bank account.	Account No:	Sort Code:	Name of Bank or Building Society:	Building Society Roll Number (if applicable):
Account Name:	Please provide your bank account details so that the liquidator(s) can pay any dividend direct into your bank account.							
Account No:								
Sort Code:								
Name of Bank or Building Society:								
Building Society Roll Number (if applicable):								
11	Signature of creditor or person authorised to act on their behalf  Name in BLOCK LETTERS  Position with or relation to creditor  Address of person signing (if different from 2 above)	You MUST sign the form and include your name in <b>BLOCK CAPITAL LETTERS</b> .  IF you are completing the form as an individual, please state your relationship to the insolvent entity (i.e. employee or customer). If you are completing the form on behalf of a company or limited partnership please state your role (e.g. Account Manager, Finance Director or Partner).  Only complete this section if your contact address in relation to this matter is not the same as the address provided in Box 2.						
Dated		Please date on completion.						