



ASIC
Australian Securities &
Investments Commission

Office only box

Form 507 Corporations Act 2001
s421A(1) & (2)
s429(2)(b) & (c)
s475(1) & (7)
s497(4) & (6)
s438B(2A)

REPORT ON Company Activities and Property Part A (Form 507)

*Before you start, download **INSTRUCTIONS Part A (Form 507) and Part B***

www.asic.gov.au/forms/507

The information you provide to ASIC in this Report may include personal information.

Please see our privacy policy (www.asic.gov.au/privacy) for information on how we handle your personal information, your rights to seek access to and correct personal information, and how to complain about breaches of your privacy.

External Administrator use only

External Administrator (lodging party)

Organisation

ASIC Registered Liquidator number (if applicable)

Name of External Administrator

Contact person

Phone number during business hours

Address

Street number and name

Suburb/City

State/Territory

Postcode

Please tick appropriate box.

Receiver and Manager 507G

Appointment date

 / /

Managing Controller of property 507H

Date person took control

 / /

Controller 507F

Date received Report

 / /

Liquidator/Provisional Liquidator appointed by the court 507C

Date received Report

 / /

Liquidator – creditors' voluntary winding up 507D

Date received Report

 / /

Voluntary Administrator 507K

Date received Report

 / /

Make up the Report as at the following dates

MANAGING CONTROLLER – S421A(1)

Your Report must include the business activities the Company had undertaken up to 30 days before you write your Report.

For example, if you write your Report on 31 August, it must include the Company's activities up to at least 31 July of that year, not earlier.

CONTROLLER – S429(2)

The control day.

LIQUIDATOR OR PROVISIONAL LIQUIDATOR – S475(1)

The date of the winding-up order or an earlier date, if specified by you.

ADMINISTRATOR – S438B(2)

The date you become the Administrator, or an alternative date specified by you.

Date the Director must send you the Report. This applies to Directors, Secretary or other relevant person completing the report.

Put the date for return of the Report to you at the head of the next page, at **A1**.

Lodge Part A

Using Form 911, you must verify a copy of Part A of the Report and lodge it with ASIC by the date specified below, or a late fee may be applied.

SECTION	LODGEMENT PERIOD
s421A(2)	2 months after control day
s429(2)(c)	1 month after receipt of Report
s438B(2A)	5 business days after receipt of Report
s475(7)	5 business days after receipt of Report
s497(6)	10 business days after receipt of Report

Continued on next page

Regulation 5.2.02 requires a copy of Part A of this Report that is lodged with ASIC to be certified in writing as a true copy of the original Report (Part A).

a) for a copy lodged for the purposes of s429(2)(c) - by the controller of property of the corporation; or

b) for a copy lodged for the purposes of s475(7) - by the liquidator/provisional liquidator of the company.

Form 911 is prescribed for this purpose.

For controllers (s429), under s429(2)(c)(i), a notice setting out any comments relating to Part A of this Report, or a statement that no comment is made, should accompany Part A of the Report. Form 911 Verification of a document should also be lodged.

END OF EXTERNAL ADMINISTRATOR SECTION

Director to complete

for Director(s), Secretary, Managing Controller or other relevant person

A1 Return this Report to the External Administrator by the date the Administrator has shown below. (Not applicable to managing controllers)

/ /

A2 Do you have the **INSTRUCTIONS** for completing this form?

No You must download a copy from www.asic.gov.au/forms/507

Yes The **INSTRUCTIONS** explain:

- why you received this Report
- your role in completing it
- how to complete it.

A3 Name of the Company under external administration

READ INSTRUCTION A3. It explains the information you should provide and how to attach it to this Report.

ACN/ABN

Street number and name

Suburb/City State/Territory Postcode

Registered office

Street number and name

Suburb/City State/Territory Postcode

Principal place of business

Street number and name

Suburb/City State/Territory Postcode

Does the Company have other places of business?

No Go to Question **A4**

Yes Give details below

Street number and name

Suburb/City State/Territory Postcode

What the Company owes and owns

A4 Does the Company owe money to its employees?

- No Go to Question **A5**
- Yes **READ INSTRUCTION A4.** It explains the information you should provide and how to attach it to this Report.

A5 Does the Company owe money, goods or services to others (other than to employees)?

- No Go to Question **A6**
- Yes **READ INSTRUCTION A5.** It explains the information you should provide and how to attach it to this Report.

A6 Is the Company owed money?

- No Go to Question **A7**
- Yes **READ INSTRUCTION A6.** It explains the information you should provide and how to attach it to this Report.

A7 Does the Company own any assets as listed below?

Tick boxes below as appropriate and provide information as an attachment.

READ INSTRUCTION A7. It explains the information you should provide and how to attach it to this Report.

Bank accounts

- No
- Yes

Motor vehicles

- No
- Yes

Plant and equipment

- No
- Yes

Inventory

- No
- Yes

Real property

- No
- Yes

Other assets

- No
- Yes

Does the Company hold property on trust?

- No
- Yes

Is the Company a trustee of a superannuation fund?

- No
- Yes

If you ticked NO to all the items, explain why the Company has no assets.

A8 Have you provided the full details asked for in Questions **A4, A5, A6, and A7**, including all attachments?

- No **PLEASE BE AWARE:** You must provide information in this Report to the best of your ability. You can be penalised for giving false information.

READ INSTRUCTION A8. It explains what can happen if you give false information.

- Yes Go to Question **A9**

A9 Declaration by Director, Secretary, Managing Controller, or person nominated by the External Administrator

Part A (Form 507) of this Report is a legal document.

READ INSTRUCTION A9. It describes the Report's legal status.

It also explains the information you should provide and how to attach it to this Report.

Part A (Form 507) and, where relevant, Part B of this Report should be completed and delivered to the External Administrator by the date at **A1 page 3**.

The External Administrator will then lodge Part A with ASIC.

Part B does not form part of ASIC Form 507 and is not lodged with ASIC. But section 530A of the *Corporations Act 2001* requires Company Directors to help liquidators and provisional liquidators where they reasonably require. Failure to comply with such a request is a strict liability offence. Part B is not applicable for managing controllers.

❖ I declare that the answers to the questions contained in Part A of the Report and the contents of all attachments to Part A of the Report are true, correct and complete to the best of my knowledge and belief at the date of this declaration.

Name

Position

Signature

Date

A10 Declaration by Managing Controller



In my capacity as the Managing Controller, I declare that where I have omitted information, I have done so in accordance with Section 421A(4) of the *Corporations Act 2001* and have included the notice required by s421A(5) with this Report.

Name

Signature

Date

This is the annexure of _____ Pages marked with * mentioned in Part A (FORM 507) signed byand dated / / .

Amounts the Company owes to its employees (priority creditors)

EMPLOYEE'S NAME	START DATE	WAGES OWED	HOLIDAY PAY OWED	LONG SERVICE LEAVE OWED	SUPERANNUATION OWED	REDUNDANCY OWED	OTHER	TOTAL OWED	TICK IF RELATED PARTY
	/ /	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	/ /	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	/ /	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	/ /	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	/ /	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
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	/ /	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
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	/ /	\$	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>

This is the annexure of _____ Pages marked with * mentioned in **Part A** (FORM 507) signed byand dated / / .

Amounts the Company owes to its creditors

CREDITOR'S NAME	POSTAL ADDRESS IN FULL	EMAIL ADDRESS	TICK IF SECURED	PPRS (IF APPLICABLE)	IF SECURED, GIVE ASSET DETAILS	TICK IF RELATED PARTY	AMOUNT OWING
			<input type="checkbox"/>			<input type="checkbox"/>	\$
			<input type="checkbox"/>			<input type="checkbox"/>	\$
			<input type="checkbox"/>			<input type="checkbox"/>	\$
			<input type="checkbox"/>			<input type="checkbox"/>	\$
			<input type="checkbox"/>			<input type="checkbox"/>	\$
			<input type="checkbox"/>			<input type="checkbox"/>	\$
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			<input type="checkbox"/>			<input type="checkbox"/>	\$

This is the annexure of _____ Pages marked with * mentioned in **Part A** (FORM 507) signed byand dated / / .

Money owed to the Company

DEBTOR NAME	DESCRIPTION	DEBTOR ADDRESS	AMOUNT OUTSTANDING	ESTIMATED AMOUNT REALISABLE	PPSR IF APPLICABLE	SECURITY TYPE	DATE SECURED
			\$	\$			/ /
			\$	\$			/ /
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This is the annexure of ____ Pages marked with * mentioned in **Part A** (FORM 507) signed byand dated / / .

Assets owned by the Company

ASSET DESCRIPTION	LOCATION/ADDRESS WHERE ASSET IS LOCATED. WITH BANK ACCOUNTS, GIVE BANK A/C DETAILS INCLUDING A/C NUMBERS	SECURITY HELD BY (IF APPLICABLE)	ESTIMATED ASSET VALUE
			\$
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