



# Referral

Bankruptcy Act 1966

**Note:** You must complete a separate form for each alleged offender.

Please send this completed form and documentation (if available) to: [fraud.enquiries@afsa.gov.au](mailto:fraud.enquiries@afsa.gov.au)

## Reason for Referral

1 Reason – select all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> I am unsure if an offence has been committed                     | <input type="checkbox"/> I believe an offence has been committed              |
| <input type="checkbox"/> I am unsure if there is evidence to prove the offence/allegation | <input type="checkbox"/> There is evidence to support the offence/ allegation |
| <input type="checkbox"/> The offending is minor   | <input type="checkbox"/> The offending is serious                             |
| <input type="checkbox"/> Other – please provide details                                   |   |

## Details of Referrer

2 Full name	<table border="1"><tr><td>Title (eg Mr/Ms)</td><td>Given name(s)</td><td>Surname</td></tr></table>	Title (eg Mr/Ms)	Given name(s)	Surname
Title (eg Mr/Ms)	Given name(s)	Surname		
3 Contact phone numbers	Mobile <input type="text"/>	Landline ( <input type="text"/> ) <input type="text"/>		
4 Email	<input type="text"/>			
5 I am a:	<input type="checkbox"/> RDAA <input type="checkbox"/> Trustee <input type="checkbox"/> Other – please specify			
	<input type="text"/>			

## Details of Alleged Offender

6 Full name	<table border="1"><tr><td>Title (eg Mr/Ms)</td><td>Given name(s)</td><td>Surname</td></tr></table>	Title (eg Mr/Ms)	Given name(s)	Surname				
Title (eg Mr/Ms)	Given name(s)	Surname						
7 Alias (if any)	<input type="text"/>							
8 Date of birth (dd/mm/yyyy)	<input type="text"/>							
9 Current address	<table border="1"><tr><td colspan="3">Number and street</td></tr><tr><td>Suburb</td><td>State</td><td>Postcode</td></tr></table>		Number and street			Suburb	State	Postcode
Number and street								
Suburb	State	Postcode						
10 Contact phone numbers	Mobile <input type="text"/>	Landline ( <input type="text"/> ) <input type="text"/>						
11 Email	<input type="text"/>							
12 Occupation	<input type="text"/>							

- 13 Administration type  Debtor's Petition  Part IX Debt Agreement  
 Sequestration Order  Part X Personal insolvency agreement

14 Administration number

15 Administration date (dd/mm/yyyy)

16 Is anyone else investigating the alleged offender, for example Police?

- Yes  No  Not sure

Details

17 Do you have any concerns about the alleged offender receiving incorrect or untrustworthy advice or assistance?

- Yes  No  Not sure

Details

18 What impact has the offending had on the administration of the estate?

- None  Minimal  Significant

Details

19 Has the practitioner finalised their investigation?

- Not applicable  Yes  No – estimated date of completion

## Offences

20 Alleged offences against the *Bankruptcy Act 1966* (includes s137.1 and 137.2 of the *Criminal Code Act 1995* (Cth))

*Bankruptcy Act 1966* section(s):

21 Summary of the alleged offending. Please detail in date order the facts of the offending and any other relevant issues. Use the space below, and on the next page, and attach an additional page if necessary

Summary of the alleged offending continued

If you need more space, please attach an additional page.

**Documentation**

**22** Please list and attach (if available) any documents supporting this referral, for example: statement of affairs, bankruptcy forms, financial statements and correspondence.

**Declaration**

**WARNING:** Knowingly providing false or misleading information is a serious offence under the *Criminal Code Act 1995*

**23** I declare that the particulars in this form and attachments are true and correct, and that I have made full disclosure of all identified offences and relevant information in relation to the conduct of the accused and persons associated with them including pre insolvency advisors

Details of person completing this form

Full name	Given name(s)	Surname
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Date (dd/mm/yyyy)

**Privacy**

The information you are required to provide on this form is collected under, and for the purposes of, the *Bankruptcy Act 1966* or related legislation including the *Criminal Code Act 1995* (Cth). The Australian Financial Security Authority has a privacy policy at [www.afsa.gov.au/privacy](http://www.afsa.gov.au/privacy) that provides information regarding the collection, storage, use and disclosure of personal information.

**Submitting your form**

Please send this completed form and documentation (if available) to: [fraud.enquiries@afsa.gov.au](mailto:fraud.enquiries@afsa.gov.au)