SCHEDULE

Form 14

Form of Schedule of Award of Sequestration on Application by Debtor

Bankruptcy (Scotland) Act 1985, section 12(1)

Debtor's Name (or name of other entity entitled to apply under section 6 of the Bankruptcy (Scotland) Act 1985)	Debtor's Address	Postcode	Accountant in Bankruptcy Case Reference Number	Trustee's Name and Address

I _____ (insert name) _____ (insert status)
certify that each of the above named

- Has applied for their sequestration
- The application meets all the conditions specified in section 12(1) of the Bankruptcy (Scotland) Act 1985 and in Regulations

Signed _____ (insert date) _____

I award sequestration to each of the above named
Signed _____ *Accountant in Bankruptcy/Depute Accountant _____ (insert date)
*delete as appropriate