

SCHEDULE 1

Regulation 7(5)

Form - Certificate for Sequestration

FORM

CERTIFICATE FOR SEQUESTRATION

This certificate is invalid unless ---

- Completed by a money adviser defined in section 5C(2) of the Bankruptcy (Scotland) Act 1985 (as amended), and
- Countersigned by the debtor.

This certificate is valid for 30 days including the date signed by the money adviser.

I.	Insert money adviser's name
	Job title
	Organisation
	Address
	Town
	Postcode
	e-mail address
	Phone number

confirm that, under section 5B(1) and 5C(2) of the Bankruptcy (Scotland) Act 1985 (as amended), I am a money adviser who may grant this certificate which has been applied for by the debtor, and certified that, on the basis of the information provided to me, by

	Insert debtor's name and title
	Address
	Town
	Postcode
	Telephone number
	Date of birth

that he/she is unable to pay his/her debts as they become due

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I have provided the debtor with a copy of the Debt Advice and Information Pack and, where appropriate, have advised the debtor of the options of a voluntary repayment plan, a debt payment programme under the Debt Arrangement Scheme or Trust Deed.

I have advised the debtor that an award of sequestration, if granted, is recorded in a public register and may result in one or more of the following:

- 1) the debtor being refused credit, or being offered credit at a higher rate, whether before or after the date of the debtor being discharged
- 2) the debtor not being able to remain in his/her current place of residence;
- 3) the debtor being required to relinquish property which they own;
- 4) the debtor being required to make contributions from income for the benefit of creditors;
- 5) damage to the debtor's business interests and employment prospects;
- 6) the debtor still being liable for some debts which are excluded;
- 7) the debtor's past financial transactions being investigated; and
- 8) other restrictions or requirements imposed on the debtor as a result of the debtor's own circumstances and actions.

Please select the relevant qualification which gives you the authority to grant a certificate for sequestration.

- person qualified to act as insolvency practitioner in accordance with section 390 of the Insolvency Act 1986 (s.45)
- person who works as money adviser for organisations which have been awarded accreditation at type 2 level or above against the Scottish National Standards for Information and Advice Provision
 - person approved for the purpose of the Debt Arrangement Scheme
 - person who works as a money adviser for citizens advice bureau which is a full member of the Scottish Association of Citizens Advice Bureaux/Citizens Advice Scotland
- person who works as money adviser for councils constituted under section 2 of the Local Government etc. (Scotland) Act 1994 (s.39)
- person who works for an insolvency practitioner as defined in regulation 3(a)(1) of the Certificate for Sequestration Regulations 2010, who has been given authority by that insolvency practitioner to act on behalf of that insolvency practitioner in providing money advice.

Signed _____ (money adviser) _____ (date)

I, _____ (debtor's name) confirm that I have provided the money adviser with correct and complete information about my financial circumstances

Signed _____ (debtor) _____ (date)

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SCHEDULE 2

Regulation 8(2)(a) and (b)(7) and (8)

Forms – Deduction from Income

Form 1
Employee's Payment Instruction to Employer or Third Person
Bankruptcy (Scotland) Act 1985 (as amended)
Section 32E(2)

Employee's instruction to employer or third person

I,	Insert employee/debtor's name
	Address
	Town
	Postcode
	Bankruptcy reference number
	Employee reference number (if applicable)

authorise my employer or third person,

	Insert employer/third person's name
	Address
	Town
	Postcode

to deduct the sum of £(a pound) from my income on each pay day or the day upon which payment is next due to be made to me and pay this amount, as soon as reasonably practicable, to the trustee in my bankruptcy detailed below:

	Insert trustee's name
	Address
	Town
	Postcode

using the following bank details and quoting the relevant bankruptcy reference number,

	Insert name of bank
	Address
	Town
	Postcode
	Sort code
	Account number

Note to employer or third person: It is your duty under section 32E(5) of the Bankruptcy (Scotland) Act 1985 (as amended) to comply with this instruction.

Employee/Debtor's signature _____ Date _____

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Form 2
Trustee's Payment Instruction to Employer or Third Person
Bankruptcy (Scotland) Act 1985 (as amended)
Section 32E(4)

Trustee's instruction to employer or third person

I,	Insert trustee's name
	Address
	Town
	Postcode

confirm that,

	Insert employee/debtor's name
	Address
	Town
	Postcode
	Bankruptcy reference number
	Employee reference number (if applicable)

has failed to pay his/her required contribution to his/her bankruptcy in accordance with Section 32 of the Bankruptcy (Scotland) Act 1985 (as amended). Therefore I now instruct,

	Insert employer/third person name
	Address
	Town
	Postcode

in accordance with Section 32(4) of the Bankruptcy (Scotland) Act 1985 (as amended), to deduct the sum of £(amount) from the income of the above noted employee on each pay day or the debtor on the day on which next payment is due to be made to them. Deductions should be paid in the following account and quote the relevant bankruptcy reference number:

	Insert name of bank
	Address
	Town
	Postcode
	Sort code
	Account number

Note to employer or third person: It is your duty under Section 32E(5) of the Bankruptcy (Scotland) Act 1985 (as amended) to comply with this instruction.

Trustee's signature _____ Date _____

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Form 3
Payment Variation Instruction to Employer or Third Person
Bankruptcy (Scotland) Act 1985 (as amended)
Section 32E - variation

Instruction to employer or third person due to make payments

I,	Insert employee/debtor's name
	Address
	Town
	Postcode
	Bankruptcy Reference number
	Employee Reference number (if applicable)

authorise my employer or third person due to make payments to me,

	Insert employer/third person's name
	Address
	Town
	Postcode

to vary the sum of £(amount) currently being deducted from my income to £(amount) with effect from my next pay day or the day upon which payment is next due to be made to me, and for the new amount to be paid, as soon as reasonable practicable after each pay day thereafter, to my trustee,

	Insert trustee's name
	Address
	Town
	Postcode

using the following bank details and quoting the relevant bankruptcy reference number,

	Insert name of bank
	Address
	Town
	Postcode
	Sort code
	Account number

Note to employer or third person: It remains your duty under section 32E(5) of the Bankruptcy (Scotland) Act 1985 (as amended) to comply with this instruction.

Employee/Debtor's signature _____ Date _____